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ABSTRACT

This guide for parents and professionals is one of three documents recommended for use in the development of a local level linkage system for the referral of severely handicapped students from education to rehabilitation. An introductory section includes a discussion of right versus entitlement. The first section provides general information concerning the Ohio Department of Education. Topics covered include programs and services for handicapped children, educational program continuum, and confidentiality of school records. Terms related to special education on Ohio and educational terms used in diagnosis/evaluation are also defined. The second section provides general information concerning the Ohio Rehabilitation Services Commission. Discussion centers on the Commission's purpose and range of services, vocational rehabilitation process, status system, confidentiality, employment outcomes, and closure information. The final section presents a model for the referral of severely handicapped students. Project INTERACT's model linkage system is described. Other contents include charts depicting the primary interagency communication network; model linkage system flow charts reflecting the educational continuum existing in Columbus City Schools, adult vocational continuum existing in Franklin County, and points of contact established to create a linkage system; and model procedures for the referral of severely handicapped students from education to rehabilitation. (YLB)

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A RESOURCE GUIDE
FOR THE
REFERRAL OF SEVERELY HANDICAPPED STUDENTS
FROM
EDUCATION TO REHABILITATION

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Project #642V-6B-82-V

Project INTERACT
Project #I&E-ORSC-80-29-1

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Project #642I-6B-82-I

Project INTERACT was a joint effort between the Ohio Rehabilitation Services Commission (ORSC) and the Ohio Department of Education (ODE). The project was funded by a grant from ORSC from September 29, 1980 through September 28, 1981. It was designed to address the pre-vocational and vocational needs of low incidence and severely handicapped students in Ohio by developing model mechanisms and resources which would facilitate appropriate and timely referrals to ORSC, improve student potentials for employment, and expand and integrate the scope of services coordinated between ORSC and ODE. The site for developing and implementing the model referral-based local level linkage system was the Franklin County/Columbus, Ohio area.

Project INTERACT's activities are being continued through the Ohio Resource Center for Low Incidence and Severely Handicapped and the Identification and Program Development Project of the Central Ohio Special Education Regional Resource Center.

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June K. Gutterman
Julie Todd
Louis A. Mazzoli

INTRODUCTION

This guide has been designed for use by parents and professionals involved in the referral of Ohio's severely handicapped students from Education to Rehabilitation.

The guide provides:

- General information concerning the Ohio Department of Education,
- General information concerning the Ohio Rehabilitation Services Commission, and
- Specific information on accessing services available from the Rehabilitation Services Commission.

EDUCATION AND REHABILITATION: Right vs. Entitlement

The creation of an effective local level linkage system for the referral of severely handicapped students from Education to Rehabilitation must begin with an understanding of the intent of the services provided by the systems involved. Central to this understanding is the issue of "Right vs. Entitlement", or "All vs. Eligible". This issue is critical in that it effects who can be served, the type of service that can be provided, and the role which can be performed by the staff of each agency.

Education/Right

The right to an education was mandated with the passage of P.L. 94-142, Education For All Handicapped Children Act. This law guarantees that every handicapped child has the right to a free appropriate public education provided in the least restrictive environment. The law insures that no child will be denied an education on the basis of a handicap.

Rehabilitation/Entitlement

The federal law which governs the state rehabilitation agency defines rehabilitation as an entitlement program. The law insures that vocational rehabilitation services be restricted to eligible individuals with physical and/or mental disabilities, which for the individual constitutes or results in a substantial handicap to employment. In addition, the law stipulates that there must be a reasonable expectation that the services, which must be related to a vocational goal, benefit the individual in terms of employability.

The issue of "Right vs. Entitlement" is, therefore, important to consider when establishing procedures which will insure that eligible students be identified and referred to the state rehabilitation agency (Rehabilitation Services Commission) in a timely and appropriate manner.

THE OHIO DEPARTMENT OF EDUCATION

These descriptions have been taken from Your Ohio Department of Education, published by the Ohio Department of Education.

State Organization

The Ohio Department of Education includes the policy-making State Board of Education, the Superintendent of Public Instruction, and the necessary staff to perform the duties spelled out in statutes.

State Board of Education

Board members, who are elected, include one representative from each of Ohio's twenty-three Congressional Districts. The Board is the policy-making body for public education in Ohio. The Board is responsible for adopting and enforcing certification requirements, drawing up minimum standards for chartering public and private schools, supervising school district organization and financing of the schools. The Board approves school district annexations and consolidations, and allocates and distributes state and federal funds for education.

Superintendent of Public Instruction

The Superintendent is appointed by the State Board of Education as the chief executive officer for all educational matters, and functions under the Board's management and control.

Department of Education

The Department is directed by the Superintendent, and serves all of Ohio's school districts. The Department administers school laws, provides counsel to local leaders in solving problems faced by school systems, and provides services to the office of the Governor, State Legislators, other departments of state and federal government, and parents of Ohio's children. Each of the divisions within the Department of Education is under the supervision of an Assistant Superintendent or an Executive Director.

- Division of Planning and Evaluation

This Division is responsible for implementing, evaluating and disseminating programs directed toward meeting student learning needs. The Division annually approves a limited number of innovative developmental projects through federal funds from Title IV-C of the Elementary and Secondary Education Act (ESEA). Successful practices are shared with other districts through one-year Adaptation Grants, and exemplary materials are provided without charge by the Instructional Materials Exchange. State-required assessment of student progress is also a Division responsibility.

- Division of Computer Services and Statistical Reports

This Division develops certain commonly utilized computer software for distribution to local data centers, establishes basic standards for data collection, and coordinates data codification and definitions which relate to the Ohio Educational Data Systems (OEDS) information base.

- Division of Teacher Education and Certification

This Division utilizes an on-site team approach for evaluating teacher preparation institutions on a five-year cycle, and processes teaching certificates and educational aide permits.

- Division of Guidance and Testing

This Division is responsible for implementing and maintaining school guidance and counseling services ranging from early identification of learner needs to follow through with graduates after job placement.

- Division of Elementary and Secondary Education

This Division provides assistance in curriculum and instruction, and is responsible for evaluating elementary and secondary public and non-public schools for compliance with minimum standards.

- Division of School Finance

This Division is responsible for administering Ohio's school foundation program, and administers appropriations for pupil transportation, school bus purchases, driver education, auxiliary services for non-public school children, and county boards of education.

•Division of Equal Educational Opportunities

This Division provides leadership in developing multicultural, sexism-free curriculum and instruction. It provides publications, seminars, information on proposal writing and funding, and technical assistance.

•Division of School Management Assistance

This Division is responsible for providing technical assistance and for establishing continuing programs of inservice training for superintendents, business managers, members of boards of education and treasurers on the preparation of budgets and financial management.

•Division of School Food Services

This Division helps school districts maintain and expand a high-quality non-profit food service for children by providing consultative and technical assistance and reimbursement for breakfasts and lunches served.

•Division of Vocational Education

This Division is responsible for extending vocational education opportunities to each high school student. It also provides vocational training for out-of-school youth and adults. Consultant services are available in agriculture, business and office education, distributive education, home economics, trade and industry, health occupations, and vocational youth organizations.

•Division of Federal Assistance

This Division administers categorical funds for disadvantaged youth, handicapped or emotionally disturbed children; orphaned, neglected or delinquent children in state institutions; children of migrant agricultural workers; adult basic education; impact aid; disaster assistance; library materials and instructional equipment. The Division informs school districts about federal programs and funds which are available, approves applications for funding, processes payments, monitors programs to assure compliance with applications, audits federal expenditures, and disseminates information regarding federally funded programs.

• Division of Special Education

This Division directs the education of Ohio's handicapped youth. Instructional designs and professional services have been developed to assure full educational opportunities for children with orthopedic handicaps, mental retardation, impairments in learning, language, speech or vision, or learning and behavioral disabilities, severe multiple impairments or severe behavioral handicaps. Coordination and materials are provided through a network of 16 Special Education Regional Resource Centers. The Division works closely with colleges and universities in preservice and inservice education of teachers for exceptional children, and administers appropriations for educating talented and gifted youth.

State Schools

The Ohio Department of Education operates separate residential schools in Columbus for hearing impaired and visually impaired children. Special education programs and evaluation services are available at both schools. The schools emphasize the preparation of students for the world of work. Application for admission to either school is initiated through the local school district or through inquiry to the residential school superintendent.

Ohio School for the Deaf
500 Morse Road
Columbus, Ohio 43214

Ohio State School for the Blind
5220 North High Street
Columbus, Ohio 43214

School District Organization

The Ohio General Assembly has delegated much control over schools to the local level, with each school district becoming a separate unit of government. School districts have an elected Board of Education responsible for hiring the superintendent, teachers and support staff; providing materials and equipment; and directing the administration of the district. There are over 600 school districts in Ohio. These districts are divided into three types of administrative units: schools in city districts, schools in exempted village districts, and local schools in county systems.

PROGRAMS AND SERVICES FOR HANDICAPPED CHILDREN

States, in order to receive federal funds for education, are required by law to provide a free and appropriate public education to all children ages 5 through 21. States, through local school districts, are also required to locate, identify, and evaluate all handicapped, or suspected handicapped, children ages 0 through 21.

Technical assistance in meeting these requirements is provided through the Ohio Department of Education, Division of Special Education, and the network of 16 Special Education Regional Resource Centers (SERRCs).

Ohio's SERRCs provide a variety of services to school districts in their regions, including:

assistance in locating and identifying handicapped children;

assistance in evaluating handicapped children;

assistance in planning and providing inservice training and workshops for parents and professionals who work with identified handicapped children; and

assistance in locating and accessing specialized instructional materials and equipment for use with handicapped children.

Services provided by SERRCs are available by contacting them directly at the addresses listed below:

Central Ohio SERRC
470 Glenmont Avenue
Columbus, OH 43214
(614) 262-4545

Cuyahoga SERRC
14605 Granger Road
Maple Heights, OH 44139
(216) 587-5960

East Central SERRC
818 Boulevard
Dover, OH 44622
(216) 343-3355

East Shore SERRC
8870 Mentor Avenue
Mentor, OH 44060
(216) 255-3679, 6016

Hopewell SERRC
5799 West New Market Road
Hillsboro, OH 45133
(513) 393-1904

Lincoln Way SERRC
1450 West Main Street
Louisville, OH 44641
(216) 875-2423, 2527

Miami Valley SERRC
1830 Harshman Road
Dayton, OH 45424
(513) 236-9965

Mid-Eastern SERRC
65 Steiner Avenue
Akron, OH 44301
(216) 434-3481, 3482

North Central SERRC
791 Williamsburg Drive
Galion, OH 44833
(419) 468-6447

Northern Ohio SERRC
RD #15233, Route #58, South
Oberlin, OH 44074
(216) 775-2786

Pilasco-Ross SERRC
411 Court Street, Room #206
Portsmouth, OH 45662
(614) 354-4526, 4527

Southwestern Ohio SERRC
415 Herman Street
Cincinnati, OH 45219
(513) 241-8644, 8643

Northeast Ohio SERRC
409 Harmon Street, N.W.
Warren, OH 44483
(216) 395-0311

Northwest Ohio SERRC
10142 Dowling Road, RR #2
Bowling Green, OH 43402
(419) 833-6781

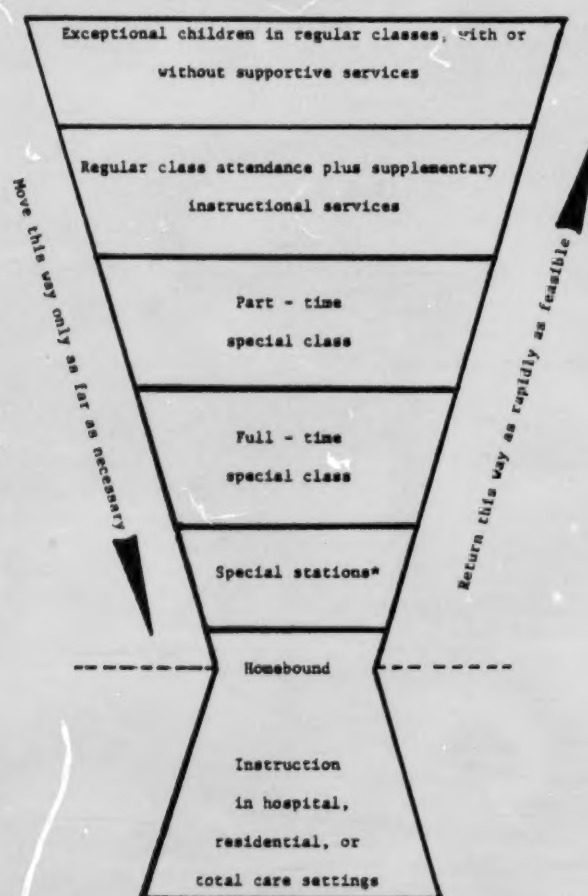
Southeastern Ohio SERRC
507 Richland Avenue
Athens, OH 45701
(614) 594-4235

West Central Ohio SERRC
RR#6, N. Dixie Highway
Box #A-3
Wapakoneta, OH 45895
(419) 738-9224, 9225

EDUCATIONAL PROGRAM CONTINUUM

When considering educational program options for handicapped students, it is important to consider those options within the context of a continuum. The Cascade System of Education Service depicts program options which range from placement in a regular classroom to an instructional situation in an institution or total care setting.

Placement in any instructional environment other than the regular classroom occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.



*Special schools in public system

Developed by Evelyn Dano and
The Council for Exceptional Children

CONFIDENTIALITY OF SCHOOL RECORDS

1. ACCESS RIGHTS

- a. Each school district and other educational agency shall develop and implement written procedures which permit the parent to inspect and review any educational records relating to his or her child, which are collected, maintained or used by the school district or other educational agency under this rule. The school district or other educational agency shall comply with the parent's request without any unnecessary delay and before any meeting regarding an individualized education program or hearing related to the identification, evaluation or placement of the child and, in no case, more than forty-five days after the request has been made.
- b. The school district or other educational agency may presume that the parent has authority to inspect and review records relating to his or her child unless the school district or other educational agency has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation and divorce.
- c. The school district or other educational agency may charge a fee for copies of records which are made for the parent under this rule if the fee does not effectively prevent the parent from exercising the right to inspect and review those records.
- d. The school district or other educational agency may not charge a fee to search for or to retrieve information under this rule.

2. ACCESSING SCHOOL RECORDS

- a. Each school district and other educational agency shall develop a list of the types and locations of education records collected, maintained or used by them and shall provide this list to parents on request.
- b. Each school district and other educational agency shall develop and implement written procedures to keep a record of parties obtaining access to educational records collected, maintained or used (except access by parents and authorized employees of the school district or other educational agency) including:
 - 1) name of the party;
 - 2) date access was given, and
 - 3) purpose for which the party is authorized to use the data.

- c. If any education record includes information on more than one child, the parents of those children shall have the right to inspect and review only the information relating to their child or to be informed of that specific information.

3. PRIOR CONSENT FOR DISCLOSURE OF SCHOOL RECORDS

- a. Each school district and other educational agency shall develop and implement written procedures for obtaining written consent of the parent before disclosing personally identifiable information from the education records of a student, other than directory information, except as provided in paragraph (B)(6)(a) of Ohio's New Rules for the Education of Handicapped Children. The written consent required by this paragraph must be signed and dated by the parent giving the consent and shall include:
 - 1) A specification of the records to be disclosed,
 - 2) The purpose or purposes of the disclosure, and
 - 3) The party or class of parties to whom the disclosure may be made.
- b. When a disclosure is made pursuant to paragraph (B)(6)(a) of Ohio's New Rules for the Education of Handicapped Children the school district or other educational agency shall, upon request, provide a copy of the record which is disclosed to the parent and to the student, if so requested by the student's parent.

*Ohio's New Rules for the Education of Handicapped Children, effective July 1, 1982, Section 3301-51-02.

DEFINITIONS RELATED TO SPECIAL EDUCATION IN OHIO

These definitions have been taken from Ohio's New Rules for the Education of Handicapped Children, effective July 1, 1982.

The following terms are defined as they are used in Section 3301-51-01 of these rules.

- (A) "ADAPTIVE BEHAVIOR" means the effectiveness with which the individual copes with the natural and social demands of his or her environment. It has two major facets:
 - (1) The degree to which the individual is able to function and maintain himself or herself independently, and
 - (2) The degree to which he or she meets satisfactorily the culturally imposed demands of personal and social responsibilities.
- (B) "AGE" means chronological age.
- (C) "ANNUAL GOAL" means expected behavior to be achieved through the implementation of the child's individualized education program. These goals must meet the unique needs of each handicapped child as determined by appropriate evaluation techniques and/or instrumentation.
- (D) "AT NO COST" means that all specially designed instruction is provided without charge, but does not preclude incidental fees which are normally charged nonhandicapped pupils as a part of the regular education program.
- (E) "AWARENESS ACTIVITIES" means those procedures designed to inform the school community and the general public of the school district's current efforts to identify handicapped children who may need special education programs and/or related services.
- (F) "CHILD INFORMATION MANAGEMENT SYSTEM (CIMS)" means a written set of procedures utilized in the identification, evaluation, individualized education program, placement and periodic review processes to provide for systematic data collection, classification, maintenance, updating and reporting and which assists in making appropriate educational program decisions for handicapped children who may need special education programs and/or related services.
- (G) "CONSENT" means that:
 - (1) The parent has been fully informed, in his or her native language or other mode of communication, of all information relevant to the activity for which consent is sought.

- (2) The parent agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records, if any, which will be released and to whom.
- (3) The parent is informed in writing that the granting of consent is voluntary on the part of the parent and may be revoked by the parent at any time.
- (H) "CONTINUUM OF ALTERNATIVE PLACEMENTS" means the availability of different types of educational environments, including, but not limited to:
 - (1) Regular classes
 - (2) Supplemental services
 - (3) Individual/Small group instruction
 - (4) Special Class/Learning Center located in:
 - (a) A public school building
 - (b) A separate school in the school district
 - (c) A separate facility, such as:
 - (i) A County Board of Mental Retardation and Developmental Disabilities facility
 - (ii) The Ohio State School for the Blind or the Ohio School for the Deaf
 - (iii) A state institution operated by the Ohio Department of Mental Health, the Ohio Department of Mental Retardation and Developmental Disabilities or the Ohio Youth Commission
 - (5) Home instruction
- (I) "COUNSELING SERVICES" means services provided by school psychologists, guidance counselors or other qualified personnel.
- (J) "DAYS" means calendar days.
- (K) "DEAF" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

- (L) "DEAF-BLIND" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.
- (M) "DESTRUCTION" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.
- (N) "DEVELOPMENTALLY HANDICAPPED" (MENTALLY RETARDED) means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period, which adversely affects a child's educational performance.
- (O) "DIFFERENTIATED REFERRAL SYSTEM" means a referral procedure that specifies type, extensiveness and priorities of evaluation and/or consultation services.
- (P) "DUE PROCESS" means the safeguards to which a person is entitled in order to protect his or her rights.
- (Q) "EARLY CHILDHOOD EDUCATION FOR THE HANDICAPPED" means special education programs and related services for children below five years of age.
- (R) "EDUCATION RECORDS" means those records which are directly related to a student and are maintained by an educational agency or institution or by a party acting for the agency or institution. The term does not include those records which are excluded under 34 Code of Federal Regulations (CFR) Reg. 99.3.
- (S) "EVALUATION" means procedures used to determine the child's current level of functioning.
- (T) "FREE APPROPRIATE PUBLIC EDUCATION" means special education and related services which:
- (1) Are provided at public expense, under public supervision and direction, and without charge.
 - (2) Meet rules for special education adopted by the State Board of Education.
 - (3) Includes elementary education, secondary education and may include early childhood education.
 - (4) Are provided in conformity with an individualized education program.

- (5) Are provided in conformity with the following:
- (a) School districts are responsible for the identification and multifactored evaluation of all handicapped children below twenty-two years of age.
 - (b) Each school district shall provide a free and appropriate education to all handicapped children, five through twenty-one years of age, unless the child has completed the twelfth grade and has been issued a diploma.
 - (c) School districts may provide educational programs for handicapped children three and four years of age. If a program is provided for more than fifty per cent of the children in this age range within one classification of handicapping condition, the program must be offered to all children with such handicap.
 - (d) School districts may provide diagnostic services for handicapped children below three years of age and counseling to the parent.
- (U) "HANDICAPPED CHILD" means a person below twenty-two years of age who has one or more handicaps as defined in paragraphs (K), (L), (N), (V), (DD), (GG), (II), (AAA), (FFF), (GGG) and (KKK) of this rule.
- (V) "HARD OF HEARING" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of deaf as defined in paragraph (K) of this rule.
- (W) "IDENTIFICATION" means those activities designed to locate handicapped children or children suspected of being handicapped.
- (X) "IN-SCHOOL" means the child is enrolled in and attends a public or a nonpublic school, receives home instruction or has been placed in an educational program administered by another educational agency for the purpose of receiving a special education and related services.
- (Y) "INDIVIDUALIZED EDUCATION PROGRAM" (IEP) means a written statement for a handicapped child that is developed and implemented in accordance with paragraph (E) of Rule 3301-51-02, of the Administrative Code.

- (Z) "IEP CONFERENCE" means a meeting of appropriate persons in order to:
- (1) Review the multifactored evaluation team report.
 - (2) Determine the nature and degree of special education intervention needed, if any.
 - (3) Develop an IEP for a child determined to be in need of special education in accordance with all requirements of paragraph (E) of Rule 3301-51-02 of the Administrative Code.
 - (4) Determine educational placement in the least restrictive environment in accordance with the IEP.
- (AA) "LEAST RESTRICTIVE ENVIRONMENT" means that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- (BB) "MEDICAL SERVICES" means those diagnostic and evaluation services that are required for initial or continued placement in an appropriate special education program or for provision of related special education services.
- (CC) "MULTIFACTORED EVALUATION" means an evaluation, conducted by a multidisciplinary team, of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational program placement. This process shall be designed to assure that children are not misclassified or unnecessarily labeled as being handicapped because of inappropriate selection, administration or interpretation of evaluation materials and shall be implemented in accordance with paragraph (D) of Rule 3301-51-02 of the Administrative Code.
- (DD) "MULTIHANDICAPPED" means such a severe impairment, and/or such concomitant impairments, that the child's educational problems make it impossible to accommodate the needs of the child in any program but a program for multihandicapped children. (This definition may include deaf-blind, autistic and moderately, severely or profoundly developmentally handicapped children.)
- (EE) "NATIVE LANGUAGE" means the language normally used by a person, or in the case of a child, the language normally used by the parent of the child.

- (FF) "NOTICE" or "NOTIFICATION" means a statement written in language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, steps shall be taken to insure that:
- (1) The notice is translated orally or by other means to the parent in his or her native language or other mode of communication.
 - (2) The parent understands the content of the notice.
 - (3) There is written evidence that the requirements in paragraphs (FF)(1) and (FF)(2) of this rule have been met.
- (GG) "ORTHOPEDICALLY HANDICAPPED" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, spina bifida, absence of some member), impairments caused by disease (e.g., poliomyelitis, muscular dystrophy, bone tuberculosis) and impairments from other causes (e.g., cerebral palsy, amputations and fractures or burns which cause contractures).
- (HH) "OTHER EDUCATIONAL AGENCY" means a department, division, bureau, office, institution, board, commission, committee, authority, state residential school, other state or local agency or an agency administered by the Ohio Department of Mental Health, the Ohio Department of Mental Retardation and Developmental Disabilities or the Ohio Youth Commission, other than a school district, that provides or seeks to provide special education and related services to handicapped children.
- (II) "OTHER HEALTH IMPAIRED" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia or diabetes, which adversely affects a child's educational performance.
- (JJ) "OUT-OF-SCHOOL" means that the child is neither enrolled in nor attends a public or a nonpublic school, nor receives home instruction, nor has been placed in an educational program administered by another educational agency for the purpose of receiving a special education and related services.
- (KK) "PARENT" means either parent. If the parents are separated or divorced, "Parent" means the parent with legal custody of the handicapped child. "Parent" also

includes a child's guardian, custodian or parent surrogate. At age eighteen, the child may act in his or her own behalf. This term does not include the state if the child is a ward of the state.

- (LL) "PARENT COUNSELING AND TRAINING" means procedures utilized to assist the parent in understanding the special needs of the child and to provide the parent with information about child development and the educational implications of the handicapping condition.
- (MM) "PERIODIC REVIEW" means those activities involved in reviewing each child's IEP and, if appropriate, revising its provisions. A meeting must be held for this purpose at least once a year.
- (NN) "PERSONALLY IDENTIFIABLE DATA" includes:
- (1) The name of the child, the child's parents or other family member.
 - (2) The address of the child.
 - (3) A personal identifier, such as the child's date of birth, social security number or student number.
 - (4) A list of personal characteristics or other information which would make it possible to identify the child with reasonable certainty.
- (OO) "PHYSICAL EDUCATION" means regular physical education or adapted physical education.
- (PP) "POLICY" means a written statement which identifies a plan or course of action and is adopted by a board of education.
- (QQ) "PROCEDURES" means a written statement identifying the persons responsible for conducting the activities, a listing of the activities to be conducted and the schedule identifying when the activities will be accomplished.
- (RR) "QUALIFIED" means a person holding an appropriate state certificate or license which applies to the area in which he or she is providing special education and/or related services.
- (SS) "REEVALUATION" means a multifactored evaluation conducted after initial placement in a program for special education. This reevaluation must be conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests a reevaluation. Parental consent is not necessary as a condition of reevaluation providing consent for evaluation has not been revoked.

- (TT) "REFERRAL" means the established process whereby the names of children suspected of having a handicapping condition that may require special education and related services are forwarded to a designated person, in writing, for a multi-factored and multidisciplinary evaluation.
- (UU) "RELATED SERVICES" means transportation and such developmental, corrective and other support services as are required to assist a handicapped child to benefit from special education and includes those services described in Rule 3301-51-05 of the Administrative Code. (Adapted Physical Education, Aide Services, Attendant Services, Medical Services, Occupational Therapy Services, Orientation and Mobility Services, Physical Therapy Services, Reader Services, School Psychologist, Speech and Language Services, Vocational Special Education Coordinator Services and Work-Study Services.)
- (VV) "SCHOOL DISTRICT" means a city, county, exempted village, joint vocational or local school district.
- (WW) "SCHOOL DISTRICT OF RESIDENCE" means:
- (1) The school district in which the child's parent resides, whether in a public or private dwelling or institution or if not so determined;
 - (2) The last school district in Ohio in which the child's parent is known to have resided if the parents whereabouts are unknown, or if not so determined;
 - (3) The school district in which the child's parent resided when the child's placement in a program of special education was made, or if not so determined;
 - (4) The school district as determined by the probate court of the county from which admission or placement was made.
- (XX) "SCHOOL HEALTH SERVICES" means services provided by a qualified school nurse or other qualified person.
- (YY) "SCREENING" means a testing procedure whereby a general population is divided into two groups based on the results of the testing procedure. The persons in one subgroup meet the established screening criteria, and the persons in the other subgroup fail to meet the established screening criteria and require further evaluation. Parental consent is not required for screening procedures.
- (ZZ) "SERVED" means that a handicapped child is provided special education in accordance with his or her IEP.

(AAA) "SEVERE BEHAVIOR HANDICAPPED" is defined as follows:

- (1) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - (a) An inability to learn, which cannot be explained by intellectual, sensory or health impaired;
 - (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - (c) Inappropriate types of behavior or feelings under normal circumstances;
 - (d) A general pervasive mood of unhappiness or depression; or
 - (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (2) The term does not include children who are socially maladjusted, unless it is determined that they are severe behavior handicapped.

(BBB) "SHORT TERM INSTRUCTIONAL OBJECTIVES" means the intermediate steps leading to the accomplishment of the stated annual goals.

(CCC) "SIGNIFICANT SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING" means an intelligence quotient of eighty or below as determined through a measure of cognitive functioning administered by a qualified psychologist using a test designed for individual administration.

(DDD) "SPECIAL EDUCATION" means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction and instruction in hospitals and institutions. The term includes speech and language services or any other related service, if the services consist of specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, and is considered "special education" rather than a "related service" as defined in paragraph (UU) of this rule. The term also includes vocational education if it consists of specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child.

- (EEE) "SPECIAL TRANSPORTATION" means those transportation services which are required because of the child's special characteristics or the location of the special education program and related services and which are in addition to the regular transportation services provided by the school district.
- (FFF) "SPECIFIC LEARNING DISABILITY" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance or of environmental, cultural or economic disadvantage.
- (GGG) "SPEECH HANDICAPPED" means a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, which adversely affects a child's educational performance.
- (HHH) "SUPERINTENDENT" means the administrative head of the school district in which the child's parent resides, or his or her designated representative, unless otherwise indicated.
- (III) "TEACHER" for the purpose of IEP meetings means:
- (1) The child's special education teacher for a child receiving special education, or
 - (2) The speech-language pathologist for a child receiving speech and language services only, or
 - (3) The child's regular teacher or a teacher qualified to provide education in the type of program in which the child may be placed for a child being considered for placement in special education, or
 - (4) The teacher designated by the school district or other educational agency for a child who is not in school or has more than one teacher.
- (JJJ) "UNSERVED" means that a handicapped child is not provided an education in accordance with his or her IEP.
- (KKK) "VISUALLY HANDICAPPED" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

(LLL) "VOCATIONAL EDUCATION" means organized educational programs which are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.

EDUCATIONAL TERMS USED IN DIAGNOSIS/EVALUATION*

These definitions are provided as a general reference source.

Academic: Screening, norm or criterion-referenced assessment in academic subject areas such as Reading, Math or Language.

Audiological: Non-medical determination of the range, nature and degree of hearing loss and of person's need for group or individual amplification.

Communicative: Evaluation of the ability to receive, organize, understand and produce/use a language system (verbal or nonverbal).

Health/Medical: Evaluation of health status, including diagnosis of chronic or communicable disease, physical disability or other medical problems.

Hearing: Evaluation of ability to perceive sound (less comprehensive in nature than audiology examination).

Motoric Skills: Determination of gross and fine motor skills, based on person's exhibition of those skills (not a diagnostic evaluation such as occupational or physical therapy examination).

Occupational Therapy: Evaluation of learning and performance skills for an individual impaired by developmental deficiencies, the aging process, environmental deprivation or physical, psychological or social injury or illness. Areas assessed may include pre-vocational/vocational skills, neuromuscular functions, sensory, perceptual and integrative abilities.

Orientation and Mobility: Assessment of awareness of environment and ability to move efficiently in a given environment. This assessment is most frequently completed for persons who are blind or visually impaired.

Perceptual: Assessment of ability to perceive stimulus material either visually and/or auditorally, such as ability to discriminate sounds, and judge figure/ground relationships.

Physical Therapy: Evaluation of a disability, including the performance of tests of neuromuscular function as an aid to development of a treatment program to prevent, correct or alleviate a disability.

Psychological: Evaluation of cognitive and affective aspects of behavior as well as emotional and mental well-being and the ability to adapt to the environment, including diagnosis of neurosis and psychosis.

Social/Behavioral: Assessment of behavior, especially as it relates to interactions between persons and one's ability to adapt to the environment.

Speech: Diagnosis and appraisal of speech and/or language disorders such as impaired articulation, stuttering or voice impairment.

- Model Regional Resource Center Project. 1978. Who, What, Where: The Guide to Special Services for Children in Central Ohio. Central Ohio Special Education Regional Resource Center, Columbus, Ohio.

THE OHIO REHABILITATION SERVICES COMMISSION

The Ohio Rehabilitation Services Commission (RSC) is the state agency responsible for the provision of vocational rehabilitation services to eligible physically and mentally disabled Ohioans.

RSC has three client service bureaus:

- Bureau of Services for the Visually Impaired (BSVI):
This bureau provides vocational rehabilitation services to individuals who are blind or who have other visual impairments.
- Bureau of Vocational Rehabilitation (BVR):
This bureau provides vocational rehabilitation services to individuals with impairments other than visual impairments.
- Bureau of Disability Determination (BDD):
This bureau makes determinations of whether or not Ohioans applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits are disabled enough to receive those benefits. Referrals of claimants who are likely to benefit from vocational rehabilitation services are made by BDD to BSVI or BVR.

The administrative offices of the Ohio Rehabilitation Services Commission are located in Columbus, Ohio. The Bureau of Services for the Visually Impaired and the Bureau of Vocational Rehabilitation have offices in all major urban areas of Ohio and have counselors who travel to the counties in which no BSVI or BVR offices are located in order to serve clients in those areas. The Bureau of Disability Determination has two offices, one in Columbus and one in Cincinnati. These two offices handle Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) claims throughout the state.

RSC'S PURPOSE AND RANGE OF SERVICES

The ultimate goal of vocational rehabilitation is employment. This employment can be work in the competitive labor market, work in a sheltered shop or work activity center, homebound employment, or work for which no wages are received, as in the case of homemakers or unpaid family workers.

All services that the Rehabilitation Services Commission provides are aimed at the eventual vocational adjustment of the individual. While a wide range of services can be provided by RSC, they will be provided only until this vocational adjustment is achieved. This is an important consideration for referring agencies or individuals who have client populations which will require life-long maintenance and personal support assistance.

The range of services that may be provided by the Rehabilitation Services Commission include the following:

1. Evaluations to determine the nature and degree of a client's disability and handicap, and to ascertain that individual's work capabilities;
2. Counseling and guidance to help the client achieve vocational adjustment;
3. Medical or psychiatric treatment to reduce or remove a disability or handicap. These services can include surgery, hospital treatment, related therapy and medication needed to enable the client to function during the rehabilitation process;
4. Prosthetic or orthotic devices that will increase the client's ability to work;
5. Training to provide the client with marketable skills. This training can be any type of vocational, pre-vocational, personal adjustment or remedial education that will enable the client to achieve a suitable vocational goal;
6. Maintenance and transportation monies, if required during the rehabilitation period only. Once the client achieves his vocational goal, this financial support may no longer be provided by RSC, even if the client enters an unpaid occupation;
7. Tools, equipment, supplies, and licenses that are needed for a client to work at a particular job or to set up a small business;

8. Placement assistance once the rehabilitation services have been completed to help the client secure a job commensurate with his physical and mental abilities; and
9. Post employment services if the client needs additional assistance after his case is closed. These post employment services are provided for the purpose of maintaining the client's employment.

The key staff person in the provision of services to RSC's clients is the Vocational Rehabilitation (VR) Counselor. Each client is assigned his own counselor. Generally, the client will be assigned to the same counselor throughout the rehabilitation process. It is the VR counselor's responsibility to determine whether or not a client is eligible for vocational rehabilitation services, to work with the client in the development of his rehabilitation plan, to provide vocational guidance and counseling as needed, to assist the client in securing placement on a job, to follow-up with the client and employer to ensure that the placement is a suitable one, and to coordinate arrangements for vocational rehabilitation services purchased from other sources.

RSC is not a primary service agency. It does not operate its own medical, psychiatric, psychological, evaluation, training or rehabilitation facilities. Instead, it purchases services from persons or organizations who specialize in each of these areas. RSC counselors, therefore, act as service brokers (BVR/BSVI).

The list of outside sources from whom RSC purchases services is wide and varied, and includes:

- Private physicians, psychologists, and psychiatrists
- Public and private hospitals and clinics
- Rehabilitation centers and workshops
- Public and private educational institutions

THE VOCATIONAL REHABILITATION PROCESS

The vocational rehabilitation process is very structured, containing several phases or stages through which a Vocational Rehabilitation (VR) client must pass. Following is a brief description of each of these phases.

Referral

In order to initiate a case on a client, RSC must be informed of the potential client's name, address, age, sex, supposed disability, and the source and date of the referral. Other information which may be of use to the VR counselor may be sent with the referral, but is not required. Client contact will be initiated within thirty (30) days of RSC's receipt of the referral.

RSC does not work with all clients who are referred to the agency. Some clients do not meet RSC's eligibility requirements (there is no disability or handicap to employment, or the disability is determined to be too severe for the individual to benefit from vocational rehabilitation services), while others may not be interested in vocational rehabilitation services. Referring agencies or organizations are generally informed of the outcome of the cases that they refer to RSC, but this is often not done until RSC closes the client's case.

Diagnostics

After a client has been referred to RSC and initial contact has been made between the VR counselor and the client, the client enters the diagnostic phase. The diagnostic phase serves several purposes. Examinations and evaluations may be conducted to assess the general health of the client; to establish the presence of a disability and a handicap to employment; to determine to what extent the disability can be improved, removed, or corrected; to select a field of employment which is commensurate with the client's vocational abilities and employment capabilities; and to determine the nature and scope of the services that will be necessary to make the client employable.

Six basic types of diagnostic information are accumulated on RSC's clients. They are as follows:

1. Medical Information: A general medical examination may be required for RSC clients. Recent medical information may be used in place of a general medical examination. RSC's Field Medical Consultants are responsible for determining the adequacy of this existing medical information. In addition to the general medical examination, specialist examinations may also be conducted in order to determine the extent of the client's disability and his/her limitations.

2. Psychological Information: Psychological evaluations may be required for clients with mental disorders (psychotic, psychoneurotic, alcoholism, drug addiction and character and personality disorders). Clients who are diagnosed as being mentally retarded must have a valid individual test of intelligence, and an assessment of social function, educational progress and achievement. Clients with learning disabilities must also have a psychological evaluation in order to determine the presence of the disability.
3. Vocational Information: Vocational evaluations may be conducted to determine the client's abilities and aptitudes and to provide the basis for the establishment of a vocational goal.
4. Economic Information: Information concerning the client's financial situation and that of his/her family is accumulated to determine what types of assistance will be needed and to determine whether the financial situation will affect the vocational plan for that client. Some services funded by RSC are based on the financial need of the client and his/her family unit.
5. Educational Information: A history of the client's past educational achievement and current level of education are discussed.
6. Social Information: The client's current social situation, his/her ability to relate to others, and his/her relationships within his/her family unit are evaluated.

Determination of Eligibility

After all of the diagnostic information on the client has been accumulated, the counselor determines whether or not the client is eligible for vocational rehabilitation services.

Vocational rehabilitation services cannot be denied to an individual on the basis of race, color, national origin, sex, religion, or ancestry. Any disabled person who meets the RSC eligibility requirements and is currently a resident of Ohio is eligible for RSC's services: he/she does not have to be a U.S. citizen. There are no upper or lower age limits for eligibility. However, the client must be of an age at which a vocational objective can reasonably be planned, and the client must be of an employable age at closure. While RSC does work with elderly clients, generally their vocational goals do not include eventual competitive placement. Clients may not automatically be excluded based on the referral history of the agency or person who referred them to RSC or because of the type of disability that they have. Each client must be evaluated on his/her individual merits and capabilities.

Eligibility is based solely on two things:

- There must be the presence of a physical or mental disability which, for that individual, constitutes or results in a substantial handicap to employment.

A client must have both a disability and a handicap to employment in order to meet the first criterion of eligibility.

A disability is defined as a physical or mental condition that materially limits, contributes to limiting, or if not corrected will result in limiting a person's activities or functioning. This condition must be stable, not rapidly progressive.

The disability is a handicap to employment if it impedes a person's occupational performance by preventing him from obtaining, retaining or preparing for employment consistent with his abilities and capabilities. The handicap to employment must be the direct result of the disability under which the client is found eligible. Any attendant medical, psychological, vocational, or educational factors that exist may also be considered when establishing the handicap to employment.

- There must be a reasonable expectation that vocational rehabilitation services may benefit the client in terms of employability.

The employability criterion requires the counselor to evaluate the client's potential capacity for employment in paid or unpaid occupations. Common methods of increasing a client's employability are by reducing or correcting the client's disability through medical or psychiatric treatment or by lessening the client's vocational handicap through training or behavior modification.

Planning

Once the client has been found eligible for services, the counselor and the client work together to develop an Individualized Written Rehabilitation Program (IWRP). Of course, the planning function is continuous from the time that the client enters the Vocational Rehabilitation (VR) system, but this is the point at which the plan is formalized. A formal IWRP must be developed before any services other than diagnostic services may be provided to the client. Once an original plan has been written, it may be amended if vocational objectives and/or services need to be changed.

Provision of Services

After the client's proposed rehabilitation plan has been approved, the services under the rehabilitation plan begin. These services continue until the client is ready to be employed.

Placement

RSC does not provide jobs to clients per se. However, RSC's staff does help clients secure jobs. RSC's job development coordinators and placement specialists are available to help the counselor prepare the client to look for a job. They may also be able to provide job leads to the client.

Follow-up

Once a client has been placed in a job, the counselor must follow-up with the client and the employer to insure that the job is suitable. The criteria for suitable employment are:

1. The client and the employer are mutually satisfied with the client's job and job performance.
2. The client maintains adequate relationships and behavior on the job.
3. The job is consistent with the client's abilities.
4. The job does not aggravate the client's disability, and his disability does not jeopardize others on the job.
5. The client's wages and working conditions conform to state and federal guidelines, and the client's wages are commensurate with those of others doing the same job.
6. The job is regular and reasonably permanent.
7. The client has maintained the employment for a minimum of sixty days.

These seven criteria must be met. If the employment does not conform to these guidelines, the client cannot be considered rehabilitated.

Closing the Case

For most clients closure represents the end of the rehabilitation process, that the client has been successfully employed at a level commensurate with his/her abilities and interests, and that the preceding criteria have been met.

Post Employment Services

If, after being rehabilitated, a client needs further vocational rehabilitation services in order to maintain his employment, post employment services may be provided. These services should supplement the original services and are generally not complex or comprehensive. Post employment services must relate to the original disability under which the client was determined to be eligible for VR services and to the original IWRP for that client.

THE STATUS SYSTEM

The caseload coding system contains 17 statuses. These statuses are used to report client progress, and as a management tool. Furthermore, statuses can aid in the evaluation of the counselor's or the agency's success in rehabilitating handicapped clients.

Introductory Statuses

Based upon their functions, the statuses can be broken down into five categories. The first category contains the Introductory Statuses (00 and 02). These statuses are used when the client enters the vocational rehabilitation process, and are used only once. In the Introductory Statuses, the client is evaluated to determine his/her eligibility and need for services. If found eligible, the client would normally move from the Introductory to the Active Statuses.

However, if the counselor can determine that the client has a disability that results in a handicap to employment but is unable to determine if there is a reasonable expectation that the client will be employable if provided with VR services, it is necessary to place the client in the second status category, which is Extended Evaluation (06). If it is decided that the client will be employable, his/her case is moved into the Active Statuses. But if not, the client's case must be closed. Like the Introductory Statuses, Extended Evaluation can only be used once. The use of Extended Evaluation is limited to 18 months.

Active Statuses

The Active Statuses are statuses 10 through 24. When a client is certified eligible for services, his case is placed in status 10. In this status, the counselor and client formulate an Individualized Written Rehabilitation Program (IWRP). Upon completion of the rehabilitation program plan, the client's status is changed. Normally, the case is then placed in one of the service statuses (14, 16 or 18). But if there will be a delay of more than a month between the completion of the planning and approval of the rehabilitation program and the beginning of the planned services, the case is placed in status 12. The case remains in this status until the planned services are initiated.

In the service statuses the client is provided with some vocational rehabilitation service: counseling and guidance (14), physical and/or mental restoration (16), or training (18). All clients must be placed in one or more of the service statuses.

The next two statuses relate to placement. They are: ready for employment (20) and in employment (22). A client is placed in status 20 if he is ready to begin employment but has not yet secured or begun a job. Once the client has begun employment, he is placed in status 22. All successful rehabilitations must go through status 22 just prior to the closure of the case.

Status 24 is used if the rehabilitation services are interrupted while the client is in one of the active statuses.

Closure Statuses

The fourth category of statuses is the Closure Statuses. They are: closure after referral, application or extended evaluation (08); closure before rehabilitation program initiated (30); closure after rehabilitation program initiated (28); and lastly, rehabilitated (26). One of these closure statuses is used with every case.

Post Employment Service Statuses

The last category of statuses is the Post Employment Service Statuses, statuses 32 and 33. Status 32 is used when post employment services are provided to a client whose case was previously closed 26. The purpose of this status is to make it possible for the client to receive services after closure in order to maintain employment. It enables the counselor to provide services without reopening the case, therefore saving both time and money. Status 33 is the closure status that is used after the completion of the post employment services.

The following page contains a list of all the statuses and an indication of the services provided in each.

RSC CLIENT SERVICE STATUSES

<u>Status</u>	<u>Description</u>
00	Referral
02	Applicant
06	Extended Evaluation
08	Closure from Referral, Application or Extended Evaluation Status
10	Eligibility Determined, Planning
12	Individualized Written Rehabilitation Plan Completed
14	Counseling and Guidance
16	Physical or Mental Restoration
18	Training
20	Ready for Employment
22	In Employment
24	Service Interrupted
26	Rehabilitated
28	Closed, Not Rehabilitated after Services
30	Closed, Not Rehabilitated before Services
32	Post Employment Service
33	Closure from Post Employment

CONFIDENTIALITY OF RSC INFORMATION

The RSC counselor maintains a confidential attitude regarding the services he/she provides for clients and the information he/she obtains in order to provide the services. Referring agencies and individuals should be aware that information may be released by other agencies to RSC and by RSC to others in connection with the client's rehabilitation program. Most often the client will be asked to sign a Consent and Release form which indicates the nature of the information being released and who that information will be released to. However, there are instances in which information will be released without the client approving the release. Instances in which this could occur are as follows:

Exchange of Information Within RSC

Closed and open RSC cases may be released to other professional RSC Staff without a client-signed Consent and Release Form.

Exchange of Information With Other Agencies

Information may be released to welfare agencies, rehabilitation agencies, or other programs to which the client has applied for services if the client's consent may be presumed, and if the receiving agency or program has regulations and policies which will insure that the information is held strictly confidential and will be used solely for the purposes for which it is provided. Reciprocal agreements or contracts between some agencies and RSC insure that information from the other agency or program will also be furnished to RSC upon request.

Exchange of Information With Other State Departments

RSC has written agreements with other Ohio state departments with regard to the exchange of information. These include: the Bureau of Employment Services, the State Department of Welfare, the Ohio Department of Education, the Bureau of Crippled Children's Services, the Industrial Commission, the Bureau of Worker's Compensation, and the Department of Mental Health, as well as individual agreements between RSC offices and particular Department of Mental Retardation and Developmental Disabilities (DMRDD) institutions.

Exchange of Information With Rehabilitation Facilities

RSC has disclosure agreements with rehabilitation facilities to which grants have been provided as well as those with which RSC has made contracts. The agreements with those facilities which have been provided grants state that the facilities will abide by RSC's regulations about confidentiality. The agreements with those facilities which have contracts with RSC state that RSC and the

facility may exchange information about the client so long as that information is kept confidential and so long as the information is provided for the administration of the rehabilitation program. When these two conditions are met, a Consent and Release Form need not be obtained from the client.

Exchange of Information With Trainers and Training Schools

Counselors are permitted to judiciously reveal information verbally to trainers or training schools only insofar as such release is necessary to advise the trainer or training school of any special problems the client may have which may affect his training. Written information may be released to trainers and training schools only when the client has signed a Consent and Release Form. Such information may be released only when it is in the administration of the rehabilitation program. The types and extent of facts about the client which are to be disclosed is at RSC's discretion.

Exchange of Information With Employers

Counselors are permitted to judiciously reveal information from the case record to prospective employers, but only insofar as this information release is necessary to effect the placement and to give the employer a clear and realistic picture of the circumstances with which he/she will be dealing if he/she hires the client. As with all information releases, discretion must be exercised regarding the type and extent of the facts about the client which are revealed.

Exchange of Information With the Client and His/Her Representatives

The counselor must inform the client that all information given to an RSC employee will be held confidential and the conditions under which the information may be released. The counselor will release information orally to the client during the rehabilitation process, answer the client's questions, and show any documents to the client that would not have any adverse effect on the client. Release of confidential information to the client or any of his/her representatives is subject to the operating policies of the agency.

When Information Will Not Be Released

Information will not be released when, in the counselor's judgment, it will be used for purposes detrimental to the client or when past experience with the requestor indicates that such release would be subject to violation of the concept of confidentiality. Likewise, information will not be released if the counselor feels it will be used for purposes other than those stated by the requestor.

EMPLOYMENT OUTCOMES

It is important to recognize the differences in the components which comprise the community employment continuum (non-competitive through competitive). The following definitions are provided by the Department of Labor and reflect the regulations of Title XXIX, Parts 524 and 525 (Employment of Handicapped Clients).

• Work Activity Center

A workshop (or physically separated department of a workshop) having an identifiable program with separate supervision and records which is planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential.

• Sheltered Workshop

A charitable organization or institution conducted not for profit, but for the purpose of carrying out a recognized program of rehabilitation for handicapped workers and/or providing such individuals with remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature.

Employment at either of the first two stages is limited to severely vocationally handicapped individuals who require a highly structured sheltered employment setting (i.e., workshops) and whose earning or productive capacities generally yield wages at less than minimum wage. Work activity programs normally provide remuneration between 0-25% of the minimum hourly wage. Sheltered workshop programs provide remuneration at 50-100% of the minimum wage. These rates of remuneration are generally based upon the average productivity level of all the workshop employees.

• Exceptional Employment in a Competitive Situation

This type of employment is designed for severely vocationally handicapped individuals who do not necessarily require the therapeutic structure of a workshop setting, but whose vocational handicaps are so severe that they may prevent competitive production and earning capabilities.

• Competitive Employment

Competitive employment of a handicapped worker whose earning or productive capacity would yield wages equal to at least 50% of the minimum wage (as defined by the Department of Labor) at wage rates which are commensurate with those for non-handicapped workers in that industry and in that vicinity for essentially the same type, quality and quantity of work.

It is possible for a severely disabled individual to be an employee of a sheltered workshop program and earn a competitive wage (50% or more of the statutory minimum).

**CRITERIA FOR RSC CLOSURE IN
NON-COMPETITIVE EMPLOYMENT**

Criteria for Exceptional and Non-Competitive Employment Closure

When optimal placement of an RSC client is limited to a non-competitive occupation, the following criteria must be met:

1. Substantial services must have been provided which materially contribute to the client's adjustment or ability to function in a non-competitive occupation. Substantial services are defined as counseling and guidance, plus one or more of the following services:

Diagnosis and evaluation, restoration, training, occupational tools and equipment, initial stocks and supplies, other goods and services, and job placement and follow-up. A service may be considered substantial whether or not it was purchased by RSC.

2. The improved level of functioning must have enabled the client to make a significant contribution by participating in work activities in a sheltered, home or family situation.

The Federal Vocational Rehabilitation Manual defines a significant contribution to mean employment that is "regular, productive and gainful." Regular employment is full-time or work requiring substantial time which is steady. Criteria will vary with individual client abilities and capabilities, and should be determined by factors such as the number of hours engaged in the work setting. Productive employment will vary according to the capacities of the individual. Factors such as how the activity contributes to the economy of the individual, his family and the community should be documented. Gainful employment is defined as "wages or maintenance" earned, or reduced fees for instructionalization. Remuneration cannot be considered to be the only criterion to determine improvement in vocational functioning. This is particularly critical when dealing with placement into non-competitive employment situations.

3. The provision of vocational rehabilitation services has resulted in an improved level of vocational functioning in the work activity performed and socio-economic benefits have been realized.

Socio-economic benefits are those which can be determined by gauging the improvement in characteristics such as work attitudes, motivation, self-sufficiency, community and family adjustment,

increased wages, decreased financial dependency upon welfare, SSI/SSDI, etc.

Self-sufficiency, or self-care activities, can be defined to be individual behavioral responses which allow the client to maintain himself in his environment without the need for complete care or supervision from others. Such activities include appropriate elemental health habits, self-feeding, self-protection and the ability to benefit from systematic habit training relative to the care of a person's physical self.

An improvement in self-care activities alone is not sufficient justification in accepting a successful closure. An improved state of socio-economic benefits alone is not sufficient justification for successful closure. Self-care activities and socio-economic benefits must be simultaneously correlated to reflect how an individual's improvement in these areas has significantly contributed to his participation and functioning in the work activity setting.

Criteria for Employment Closure at the Work Activity Level

Another option for placement at closure is employment in a work activity center.

The inclusion of this type of placement is based upon the need to provide alternative placement options and to encourage increased RSC involvement with severely disabled individuals. The majority of Ohio's community-based workshop programs are certified by the Department of Labor as work activity centers. Many, however, are also certified as sheltered workshops.

County 169 Workshop programs are not obligated to provide services and extended employment to all severely disabled individuals. Eligibility for, and entry into these programs is based upon the availability of openings and upon the following eligibility criteria as outlined in the Rules and Regulations Governing the County Boards of Mental Retardation (July, 1976) promulgated by the DMRDD. The applicant must:

1. Be sixteen years of age or older;
2. Have evidence of moderate, severe or profound mental retardation; or meet the criteria established by the Division of MRDD for the Developmentally Disabled;
3. Have evidence of multiple handicaps and meet the criteria established by the Division of MRDD for the Developmentally Disabled;

4. Have been recommended for placement by the local school district in which the parent, guardian and any other person having custody of the client resides if the client is 18 years of age or less.

Documentation of a Successful Employment Closure in a
Non-Competitive Situation

The following list of major life activities has been grouped in a manner designed to help the RSC counselor in determining when the provision of specific VR services has improved a client's level of vocational functioning. Closure in a non-competitive employment situation requires that improvement in the first category (occupational/vocational functioning) must be documented in the client's closure summary. The remaining categories should be documented when appropriate.

1. Occupational/vocational functioning (i.e., worker traits and habits, attitudes, motivation, job skills, job performance, adaption to the job environment).
2. Social competence/interpersonal behavior (i.e., understanding of self and others, adjustment to age and cultural mores, socially acceptable interpersonal interactions).
3. Independent functioning/self-care (i.e., care and maintenance of self, clothing and personal belongings in the home, community and employment situation).
4. Communication/language skills (i.e., speech; comprehension; reading; writing; and, for some individuals, non-verbal communications via adaptive techniques and devices).
5. Physical development capacities (i.e., mobility, gross and fine motor skills).
6. Community survival skills (i.e., independent travel, use of leisure time, behavior with strangers, ability to handle emergencies).

Following is a sample of an appropriate closure summary.

"This client has received substantial services including diagnostic and evaluative services, work adjustment, vocational training, guidance and counseling, restoration, maintenance and placement. The provision of these services has resulted in suitable employment in a non-competitive situation. Satisfaction has been expressed by both the client and employer. This individual has been suitably employed on a regular basis for sixty-plus days. His/her current occupation as _____ is consistent with his/her capacities and abilities. The services received by this client have provided him/her with acceptable skills,

allowing him/her to maintain adequate interpersonal relationships and acceptable behavior in the job environment. Wages are commensurate to those paid to other workers for this type of employment. Wage and working conditions conform to state and federal requirements.

Skill training in remedial reading has allowed this client to improve learning and comprehension skills. Personal and work adjustment training has improved this individual's overall job performance by increasing his emotional and physical tolerance capacities. Guidance and counseling, in combination with outpatient psychiatric treatment, has improved this individual's attitude towards work, resulting in increased motivation and satisfactory adaption to the job environment. The provision of these services has further resulted in his improved interpersonal relationships with his immediate supervisor and peers."

Review of the Non-Competitive Employment Closure

All clients successfully rehabilitated and placed into workshops or exceptional employment situations will be contacted one year after their cases are closed.

The non-competitive closure review is designed to:

1. Secure information from clients concerning their retention of benefits from the vocational rehabilitation process;
2. Assess the clients' satisfaction with the vocational rehabilitation services that they received;
3. Identify the need for any additional vocational rehabilitation services; and
4. Assure and advocate for appropriate affirmative action practices designed to protect the rights of these disabled workers.

BASIC COMPONENTS OF THE VOCATIONAL CONTINUUM

Vocational Setting	Adult Activity Center	Work Activity Center •	Sheltered Workshop •	Competitive •
Level of Supervision Required	Intense	Moderate	Moderate to Minimal	Independent
Level of Task Complexity	Simple (Craft)	Simple (Work)*	Simple to Complex (Work)*	Simple to Complex (Work)*
Work Tolerance (capacity to sustain effort over a workday)	Limited (less than 2 hours)	Moderate (4 hours)	Good (6 hours)	Very Good (8 Hours)
Task Tolerance (on task behavior given level of supervision needed)	Limited (3 minutes)	Moderate (30 minutes)	Good (1 hour)	Very Good (2 hours)
Productivity Rate (based on % of industrial norm) 50	Negligible	Up to 25%	50% or more	50% or more 51
Overall Level of Structure/Support Needed to Maintain Appropriate Worker Behaviors/Performance	Intense	Moderate	Moderate to Minimal	Minimal to None

• Recognized as Possible Employment Outcomes

* Actual Work with Emphasis on Quality and Quantity

DEFINITIONS RELATED TO THE REHABILITATION SERVICES COMMISSION

Administrative Review: When a client disagrees with any decision made concerning his/her RSC case, he/she has 30 days after the decision in which to request a review of the decision. There are three levels of administrative reviews.

AMC: The Administrative Medical Consultant is now referred to as RSC Medical Director. This person coordinates medical policy for RSC and its Field Medical Consultants. He/she also acts as a resource for RSC personnel on medical issues.

APC: The Administrative Psychological Consultant coordinates RSC policy regarding psychological issues and monitors qualifications of the psychologists with whom RSC contracts. He/she also acts as a resource for RSC personnel on psychological issues.

Applicant: An individual is considered to be an applicant for RSC services once he/she has sent in any signed document requesting the agency's services, and the minimum information required for referral are known.

Area: BVR and BSVI are organized into administrative areas. Each area is responsible for providing VR services to disabled individuals in that geographic location.

Area Supervisor: The person responsible for administering and overseeing the vocational rehabilitation function in a certain area. Each BVR and BSVI Area has its own supervisor.

BDD: The Bureau of Disability Determination is the branch of RSC which is responsible for making determinations of whether or not Ohioans applying for SSDI or SSI are disabled enough to receive those benefits.

BSVI: The Bureau of Services for the Visually Impaired provides rehabilitation services to individuals whose primary disabilities are blindness or other visual impairments. This bureau is also sometimes referred to as BVI.

Bureau Director: The person responsible for administering the statewide vocational rehabilitation program for each Bureau within RSC.

BVI: See BSVI.

BVR: The Bureau of Vocational Rehabilitation provides vocational rehabilitation services to individuals whose major impairments are not visual in nature.

CAP: The Client Assistance Project provides referral assistance to potential RSC clients, provides individuals with information concerning the VR system, and helps deal with problems that arise between counselors and clients. CAP involvement occurs only after the client, counselor or outside individual requests its assistance.

Counselor: Each RSC client is assigned to a specific VR counselor. It is the Counselor's responsibility to determine whether or not a client is eligible for VR services, to work with the client to develop an appropriate vocational plan, to provide vocational counseling and guidance, and to make arrangements for and monitor the rehabilitation services that are provided to the client.

Developmental Disability: A severe, chronic disability of a person, which is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in functional limitations in three or more of the following areas: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living and economic sufficiency; and reflects the need for special care or treatment which are of lifelong or extended duration and are individually planned or coordinated. (Definition from the 1978 Amendments to the Rehabilitation Act).

Eligibility: An individual is eligible for services from RSC if: (1) there is the presence of a physical or mental disability which for that individual constitutes or results in a substantial handicap to employment, and (2) there is a reasonable expectation that vocational rehabilitation services may benefit the client in terms of employability.

Fair Hearing: This is the final level of RSC's internal appeal procedures. It is held when a client disagrees with a decision made on his/her case and he/she has already appealed the decision to the appropriate Rehabilitation Supervisor, Area Supervisor, and Bureau Director. The fair hearing is held before RSC's Administrator or his/her representative.

PMC: The Field Medical Consultants are responsible for certifying the presence of all physical disabilities for RSC's clients. This certification is instrumental in the determination of the clients' eligibility for RSC services. The PMCs must also approve all client rehabilitation plans that involve physical restoration. Different Field Medical Consultants are assigned to the various RSC Areas throughout the state, and act as local resources for RSC counselors on medical issues.

- FOC:** The Field Ophthalmological Consultants are responsible for certifying the presence of all visual disabilities for BSVI's clients. This certification is used in the determination of clients' eligibility for RSC services. The FOCs must approve all BSVI client rehabilitation plans that involve visual restoration procedures. Field Ophthalmological Consultants are assigned to the various BSVI Areas throughout the state. BVR does not have FOCs.
- FPC:** Field Psychological Consultants must certify the presence of psychological disorders, mental retardation and learning disabilities as part of clients' VR eligibility determinations. They also act as resources by helping to interpret the results of psychological testing. The Field Psychological Consultants are assigned to the various RSC Areas throughout the state.
- IWRP:** A Individual Written Rehabilitation Program is developed for a client once he/she has been found eligible for RSC's services. The client and the counselor work together to develop the IWRP. The IWRP establishes the client's vocational objective and outlines all the services that have to be provided and intermediate objectives that have to be met so that that vocational objective will be achieved. The IWRP is an outline of the client's rehabilitation plan.
- Referral:** The first step in the rehabilitation process is referral of a case to RSC. In order to be considered an official referral, RSC must know the client's name, address, age, sex, reported disability, and source and date of referral.
- Rehabilitation Supervisor:** A Rehabilitation Supervisor is responsible for administering and overseeing the functioning of assigned counselors.
- RSC:** The Ohio Rehabilitation Services Commission is the state agency responsible for the vocational rehabilitation of Ohio's handicapped citizens.
- Status:** The status system is a method that all VR agencies in the United States use to indicate a client's position in the vocational rehabilitation process and to identify the type of service presently being received. The statuses are two-digit numbers, running from 00 through 33.

MODEL FOR THE
REFERRAL OF SEVERELY HANDICAPPED STUDENTS

PROJECT INTERACT: OVERVIEW

This section of the guide has been designed to address the issue of timely and appropriate referrals of Ohio's severely disabled students from Education to Rehabilitation. The model presented suggests that this can be accomplished through the development of referral-based interagency linkage system which leads to the maximum utilization of resources in the Education and Rehabilitation systems.

For the purposes of this model, the term severely handicapped students includes those students with one or more of the following: severe visual handicap, severe hearing handicap, deaf-blindness, autism, severe orthopedic handicap, severe behavioral handicap, and/or moderate, severe or profound retardation. Functionally, however, students with severe disability are those who exhibit severe communication, behavioral, developmental and educational problems.

The severely handicapped are such a divergent group that no single system possesses the total resources (personnel, expertise and finances) to meet their complex needs. Since most severely handicapped students have multiple problems which may require the services of more than one agency/system, it seems logical that services would be delivered more efficiently and effectively if they were jointly coordinated and/or cooperatively planned. It is suggested that this could be accomplished through developing a linkage system that provided mechanisms which resulted in the integration and utilization of resources available through Education (special, regular or vocational) and Rehabilitation (the state rehabilitation agency or community-based facilities).

Project INTERACT was an interagency effort designed to strengthen and facilitate programmatic cooperation between the Ohio Rehabilitation Services Commission (RSC) and the Ohio Department of Education (ODE), Division of Special Education (DSE). Statewide, consumer concerns were raised with regard to the need for improved and expanded Rehabilitation/Educational programs which address the pre-vocational preparation of severely disabled students. Pre-vocational training for this population includes the development of the pre-requisite skills needed to function within the adult world of work. These include communication skills, activities of daily living, mobility, functional academics, social/behavioral and work skills and behaviors.

A committee consisting of representatives of RSC, ODE and the Special Education Regional Resource Center (SERRC) network met to design Project INTERACT. The SERRC network, funded by ODE, works with local education agencies (LEA) regionally across the state to improve the quality of education of disabled students throughout Ohio. INTERACT was developed in response to following concerns:

There was a significant need to develop inter-departmental mechanisms and services to refine and implement Ohio's joint memorandum of collaboration between Education and Vocational Rehabilitation Agencies. There was a need to develop a central base of information and an inter-departmental liaison system through which such program refinement could be carried out.

The primary consumers, the students themselves, their parents, educators and RSC counselors identified several areas of need:

- Severely disabled students often experience service discontinuity as they move from the public education sector into the vocational rehabilitation system.
- Due to the lack of coordinated individualized planning, LEA pre-vocational/vocational training programs are not presently geared to effectively interface with community-based rehabilitation service systems, particularly severely disabled adolescents and young adults.
- RSC and LEA personnel need more formalized technical assistance, information and consultation as applicable to integrating and interfacing services between Special Education and Vocational Rehabilitation programming.

Project INTERACT was funded by a grant from RSC from September 29, 1980 through September 28, 1981. It was designed to address the pre-vocational and vocational needs of low incidence and severely disabled students in Ohio by developing model mechanisms and resources which would facilitate appropriate and timely referrals to RSC, improve client potentials for employment and expand and integrate the scope of services coordinated between RSC and ODE. The site for developing and implementing the model referral-based local level linkage system was the Franklin County/Columbus, Ohio area.

An Advisory Committee was formed in order to provide project staff with initial guidelines for accomplishing the goals of the project and with on-going consultation relating to the project's activities. Membership of the committee included representatives of the state agencies participating in Ohio's Joint Memorandum of Collaboration between Education and Vocational Rehabilitation Agencies, parents and representatives of local education and community-based rehabilitation agencies.

PROJECT INTERACT'S MODEL LINKAGE SYSTEM

Project INTERACT's Model Linkage System was designed to ease the referral of severely handicapped students from Education to Rehabilitation (for further information, please refer to the Preface). In order to accomplish this, the following objectives were set:

- determine existing mechanisms for referral of severely handicapped students;
- determine lines of interagency communication;
- identify service options for severely handicapped students;
- determine information needed for referral;
- identify personnel responsible for referral;
- determine a timeline for referral activities; and
- determine RSC (BVR/BSVI) role as consultant to the student's program.

The linkage committee developed the following materials which specifically address the goal and objectives of the referral-based linkage system:

1. Interagency Communication

This information (C-1 through C-5) was developed in order to determine the communication linkage that should exist within and between the systems.

2. Linkage System Model Flow Charts

These charts (FC-1 through FC-3) were designed in order to depict how a student moves through the educational continuum and into and through the adult vocational continuum.

The charts specifically demonstrate:

- a. the educational continuum,
- b. the adult vocational continuum and
- c. the linkage of the two continuums.

C. Model Procedures

These materials (MP-1 through MP-7) were designed in order to facilitate the timeliness and appropriateness of referrals from Education to Rehabilitation by establishing procedures, determining information needed and identifying personnel responsible.

INTERAGENCY COMMUNICATION

Project INTERACT's model linkage committee felt that the effectiveness of an on-going referral-based linkage system would be dependent upon the communication that exists between agencies. The committee, therefore, identified the primary agencies which need to engage in interagency communication, the levels at which communication should occur, and the frequency and purpose of that communication.

The following charts depict the primary communication network that the model group felt needed to be identified in order to develop an effective and on-going linkage system for the referral of severely handicapped students from Education to Rehabilitation.

In addition, the charts reflect a communication network that should exist not only if direct services are to be coordinated, but also if the overall service delivery system is to be strengthened at both the state and local levels. The committee felt that representatives from the local education agencies (LEA), the Vocational Education Planning Districts (VEPD), the County Board of Mental Retardation/Developmental Disabilities (169 Board), the community-based rehabilitation facilities, and BVR/BSVI needed to begin meeting, at least twice yearly, in order to exchange information that effected the local service delivery system. In addition, they felt that it was important that local and state administrators begin to exchange systems information on a regular basis.

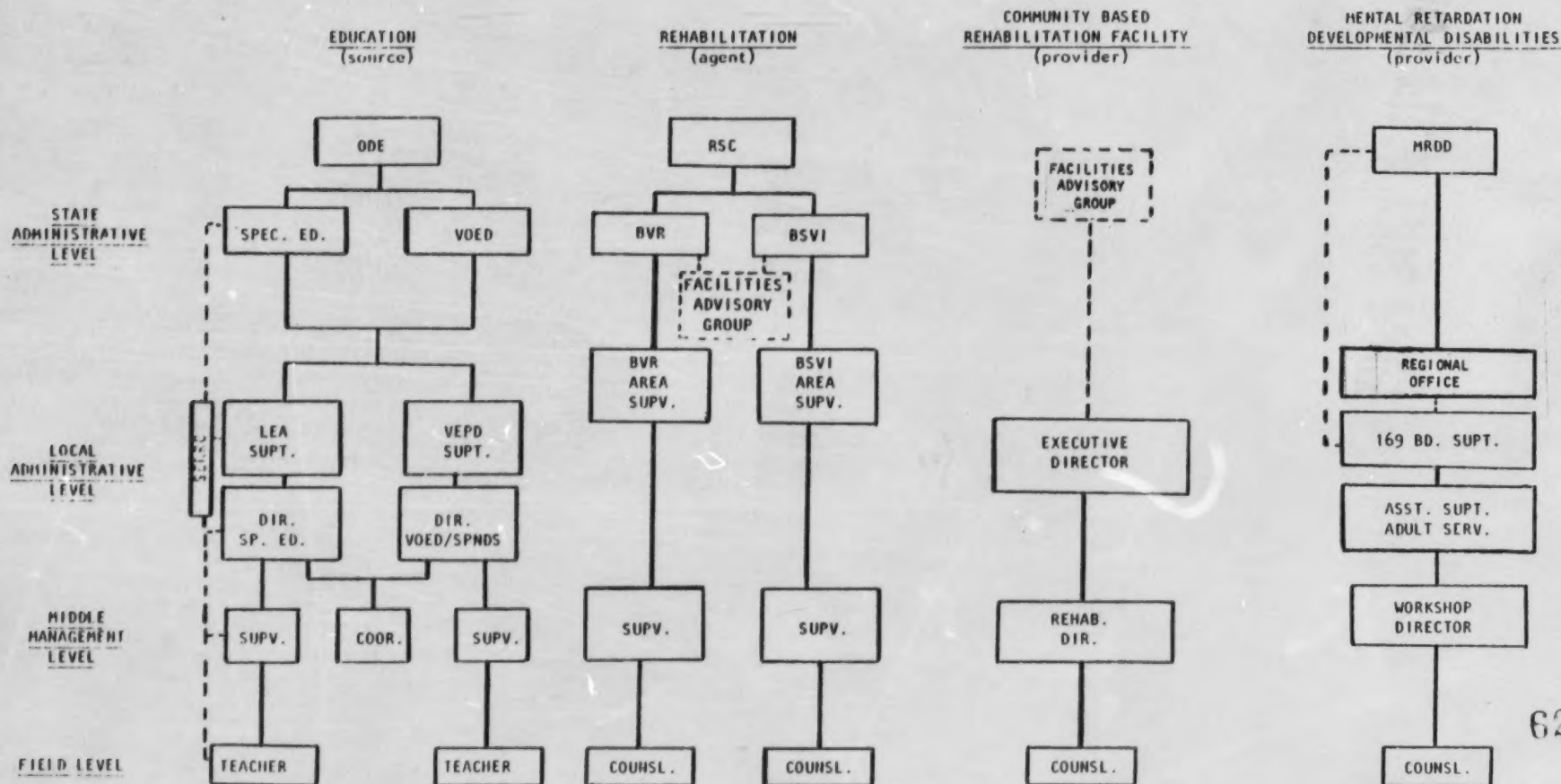
- C-1 Purpose of Interagency Communication: This outlines the primary agencies that should be involved in the linkage system and the purpose of communication that should occur at specific levels of organization.
- C-2 Tables of Organization for Primary Agencies: The tables of organization presented reflect the general organizational structures of the primary agencies involved.
- C-3 Process of Interagency Communication: The process of communication illustrates communication points across agency lines and within organizational structure.
- C-4 Conceptual Pattern of Interagency Communication: Conceptually the pattern of communication illustrates the cohesiveness of coordination between agencies that forms the basis for a flow of information across channels.
- C-5 BVR/BSVI/SERRC List: This is a listing of the BVR/BSVI area offices and the corresponding Special Education Regional Resource Center (SERRC) regions.

PURPOSE OF INTERAGENCY COMMUNICATION

C-1

LEVEL	PRIMARY AGENCIES	PURPOSE OF COMMUNICATION	MINIMUM FREQUENCY
State Administrative	Rehabilitation Services Commission Department of Education Department of Mental Retardation and Developmental Disabilities	Formulate policies/procedures given state needs and resources; determine funding issues/priorities; enter into interagency agreements and efforts; determine benefits of coordination of services to systems; monitor effectiveness of joint efforts.	2 times/year
Local Administrative	BVR, BSVI, LEA, VEPD, 169 Board, Community Based Rehabilitation Facilities <u>Optional:</u> SERRC may be involved as a facilitator, i.e. send out meeting notices, provide meeting rooms	Local implementation of state level agreements and formulation of local policies/procedures given local system needs and resources; enter into local interagency agreements and/or working relationships; determine benefits of coordination of services to systems; monitor effectiveness of joint local efforts; exchange of systems information.	2 times/year
State/Local Administrative	All agencies cited above <u>Optional:</u> SERRC may be involved as a facilitator, i.e. send out meeting notices, provide meeting rooms	Determine benefits of coordination; joint exchange of state and local information/needs; define parameters of responsibility for joint planning given local/state needs and resources.	Yearly
Local Middle Management	See agencies listed at local administrative level	Practical application of state and local level policy/procedures; discussion of clients' needs for services and programming; exchange systems, programming, and service information; share expertise.	2 times/year
Field	Agencies determined by the needs of the individual student/client	Coordination of specific services and programming for individual students; consultation for program direction; joint planning for individual; exchange of system, programming, and service information; share expertise.	On-going

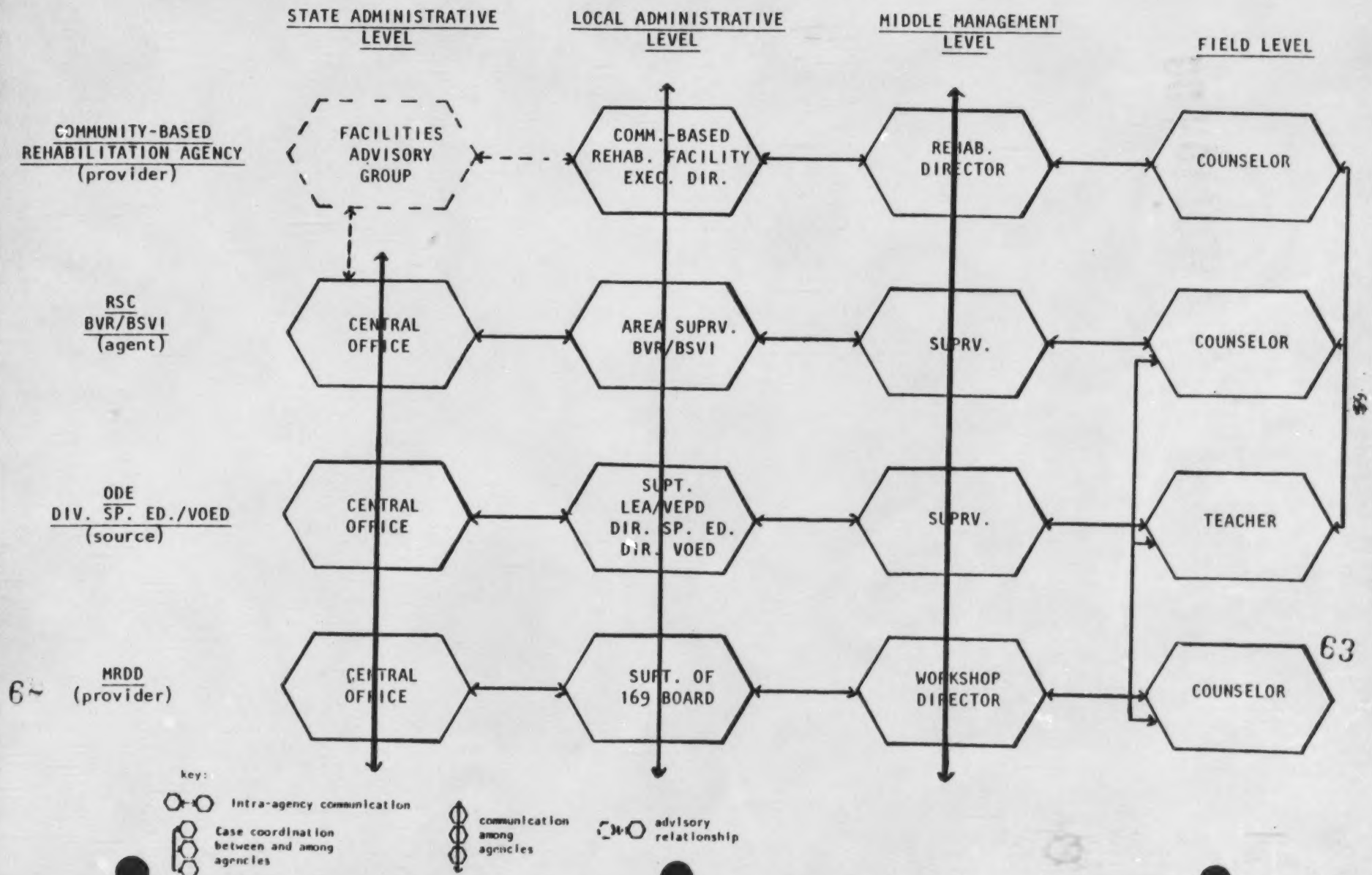
*TABLES OF ORGANIZATIONS FOR PRIMARY STATE AGENCIES

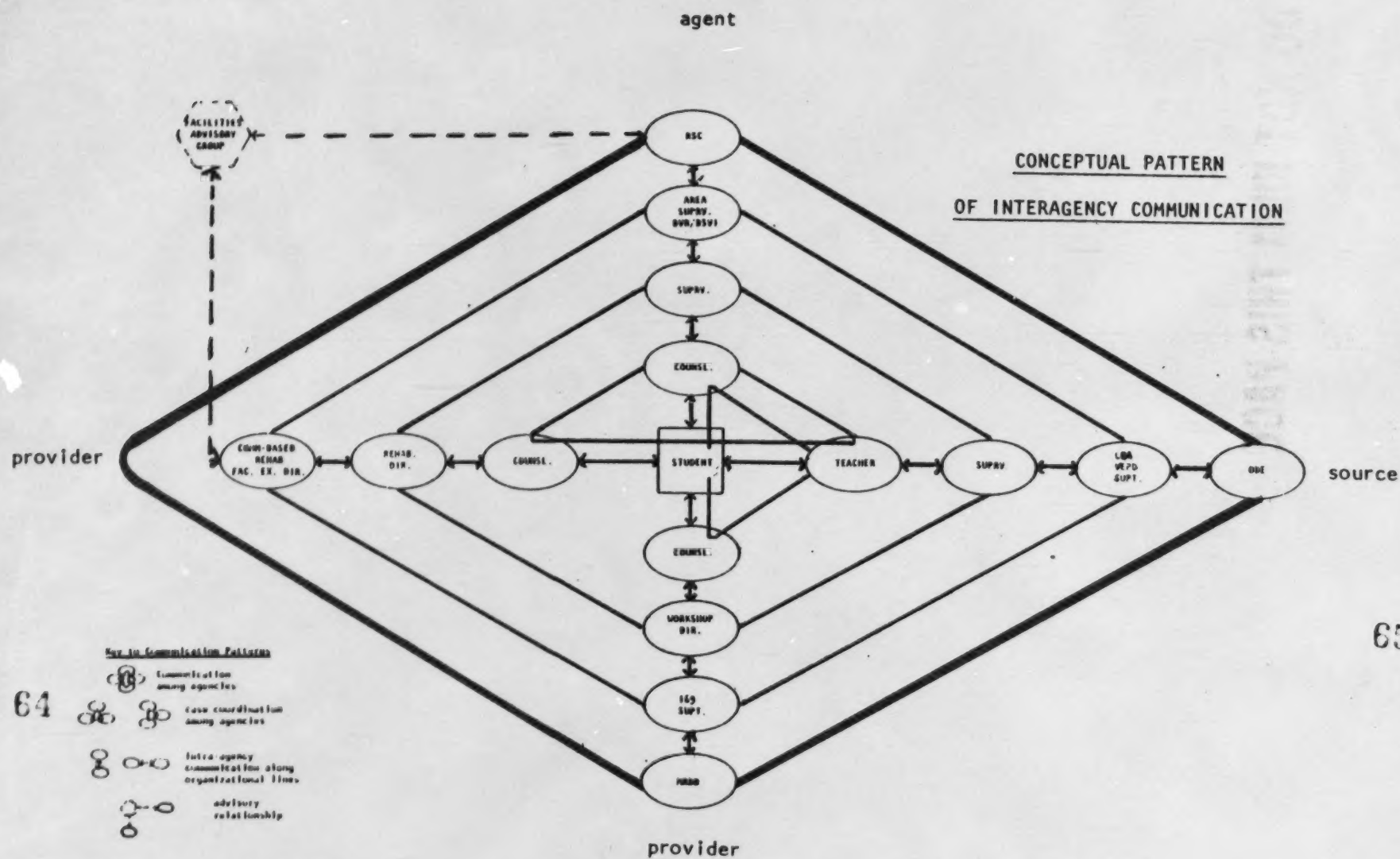


*These tables are meant to reflect the general structure of the agencies.

PROCESS OF INTERAGENCY COMMUNICATION

C-3





The following is a listing of the BVR/BSVI Area Offices and the corresponding Special Education Regional Resource Center (SERRC) Regions.

• BVR 1

7110 Pippin Road
Cincinnati, OH 45239
(513) 522-9800

Southwestern Ohio SERRC
Hopewell SERRC
Pilasco-Ross SERRC

• BSVI 1

617 Vine Street, Suite #905
Cincinnati, OH 45202
(513) 852-3223

Southwestern Ohio SERRC
Hopewell SERRC
Pilasco-Ross SERRC

• BVR 2

111 West First Street
Suite #202
Dayton, OH 45402
(513) 224-3528

Miami Valley SERRC
West Central SERRC

• BSVI 2

111 West First Street
Suite #303-A
Dayton, OH 45402
(513) 228-6188

Miami Valley SERRC
West Central SERRC

• BVR 3

1450 Secor Road
Suite #204
Toledo, OH 43607
(419) 537-1722

West Central Ohio SERRC
Northern Ohio SERRC
Northwest Ohio SERRC

• BSVI 3

1450 Secor Road
Suite #206
Toledo, OH 43607
(419) 536-8334

West Central Ohio SERRC
Northern Ohio SERRC
Northwest Ohio SERRC

• BVR 4

4795 Evanswood Drive
Suite #111
Columbus, OH 43229
(614) 438-1450

Northwest Ohio SERRC
Northern Ohio SERRC
North Central SERRC
Central Ohio SERRC
Hopewell SERRC

• BSVI 4

3333 Indianola Avenue
Suite #402
Columbus, OH 43214
(614) 466-4796

Northwest Ohio SERRC
Northern Ohio SERRC
North Central SERRC
Central Ohio SERRC
Hopewell SERRC

- BVR 5
601 Underwood Street
Zanesville, OH 43701
(614) 453-0673

East Central SERRC
Southeastern Ohio SERRC

- BSVI 5
421 Main Street, Lower Level
Zanesville, OH 43701
(614) 454-9719

East Central SERRC
Southeastern Ohio SERRC

- BVR 6
4911 Spruce Hill Drive, N.W.
Canton, OH 44718
(216) 494-3540

East Central SERRC
Lincoln Way SERRC
Mid-Eastern SERRC

- BSVI 6
110 Central Plaza, South
Suite #400
Canton, OH 44702
(216) 452-4946

Lincoln Way SERRC
Northeast Ohio SERRC
Mid-Eastern SERRC
East Central SERRC

- BVR 7
615 West Superior Avenue
Suite #765
Cleveland, OH 44113
(216) 622-3390

Northern Ohio SERRC
Cuyahoga SERRC

- BSVI 7
615 West Superior Avenue
Suite #750
Cleveland, OH 44113
(216) 622-3375

Northern Ohio SERRC
East Shore SERRC
Cuyahoga SERRC

- BVR 8
401 South Street
Chardon, OH 44024
(216) 285-9178

Lincoln Way SERRC
East Shore SERRC
Northeast Ohio SERRC

The following is a list of the SERRCs by region and the corresponding Area Offices for BVR and BSVI.

• SOUTHWESTERN OHIO SERRC

415 Herman Street
Cincinnati, OH 45219
(513) 241-8644, 8643

BVR 1
BSVI 1

• EAST SHORE SERRC

8870 Mentor Avenue
Mentor, OH 44060
(216) 255-3679, 6016

BVR 8
BSVI 7

• HOPEWELL SERRC

5799 West New Market Road
Hillsboro, OH 45133
(513) 393-1904

BVR 1
BSVI 1

• CUYAHOGA SERRC

14605 Granger Road
Maple Heights, OH 44139
(216) 587-5960

BVR 7
BSVI 7

• PILASCO-ROSS SERRC

411 Court Street, Room #206
Portsmouth, OH 45662
(614) 354-4526, 4527

BVR 1
BSVI 1

• NORTHERN OHIO SERRC

RD #15233, Route #58, South
Oberlin, OH 44074
(216) 775-2786

BVR 3, 4, 7
BSVI 3, 4, 7

• SOUTHEASTERN OHIO SERRC

507 Richland Avenue
Athens, OH 45701
(614) 594-4235

BVR 5
BSVI 5

• NORTHWEST OHIO SERRC

10142 Dowling Road, RR #2
Bowling Green, OH 43402
(419) 833-6781

BVR 3, 4
BSVI 3, 4

• EAST CENTRAL SERRC

818 Boulevard
Dover, OH 44622
(216) 343-3355

BVR 5, 6
BSVI 5, 6

• WEST CENTRAL OHIO SERRC

RR #6, N. Dixie Highway
Box #A-3
Wapakoneta, OH 45895
(419) 738-9224, 9225

BVR 2, 3
BSVI 2, 3

• LINCOLN WAY SERRC
1450 West Main Street
Louisville, OH 44641
(216) 875-2423, 2527

BVR 8
BSVI 6

• MIAMI VALLEY SERRC
1830 Harshman Road
Dayton, OH 45424
(513) 236-9965

BVR 2
BSVI 2

• NORTHEAST OHIO SERRC
409 Harmon Street, N.W.
Warren, OH 44483
(216) 395-0311

BVR 8
BSVI 6

• NORTH CENTRAL SERRC
791 Williamsburg Drive
Galion, OH 44833
(419) 468-6447

BVR 4
BSVI 4

• MID-EASTERN SERRC
65 Steiner Avenue
Akron, OH 44301
(216) 434-3481, 3482

BVR 6
BSVI 6

• CENTRAL OHIO SERRC
470 Glenmont Avenue
Columbus, OH 43214
(614) 262-4545

BVR 4
BSVI 4

MODEL LINKAGE SYSTEM FLOW CHARTS

These flow charts have been designed in order to depict the movement of a severely handicapped student through an educational continuum, and into and through the adult vocational continuum that exists within the model area (Franklin County). The charts reflect:

the educational continuum that exists in Columbus City Schools;

the adult vocational continuum that exists in Franklin County; and

the points of contact that were established in order to create a linkage system.

Specifically, these charts depict:

FC-1 Columbus City Public School/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents

The purpose of this chart is:

1. to delineate the elements of the educational continuum existing within the Columbus City School System
2. to specify points of contact that should exist between Education and Rehabilitation, especially while the student is still in school. These points include:
 - a. direct service and/or consultation which could be accessed during the pre-vocational/vocational evaluation phase of the school program;
 - b. consultation which could be accessed during the team meeting in order to assist in determining an appropriate pre-vocational or vocational training program for the student;
 - c. direct service and/or consultation which could be accessed during the actual pre-vocational or vocational training program in order to assist in the clarification of realistic vocational outcomes and in the design of strategies or services which would prepare the student to meet the requirements of those vocational outcomes in the adult system; and

- d. consultation which should be accessed prior to referral of students to RSC (BVR/BSVI) in order to insure the appropriateness of the referral and to assist in the final preparation of the student.

[Note: For further information on accessing direct service from RSC, see Eligibility Requirements (MP-1) and Considerations for Referral (MP-2). For further explanation of how to access consultation services from RSC, see Referral and Consultation Process (MP-5)].

FC-2

Franklin County Board of Mental Retardation and Developmental Disabilities/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents

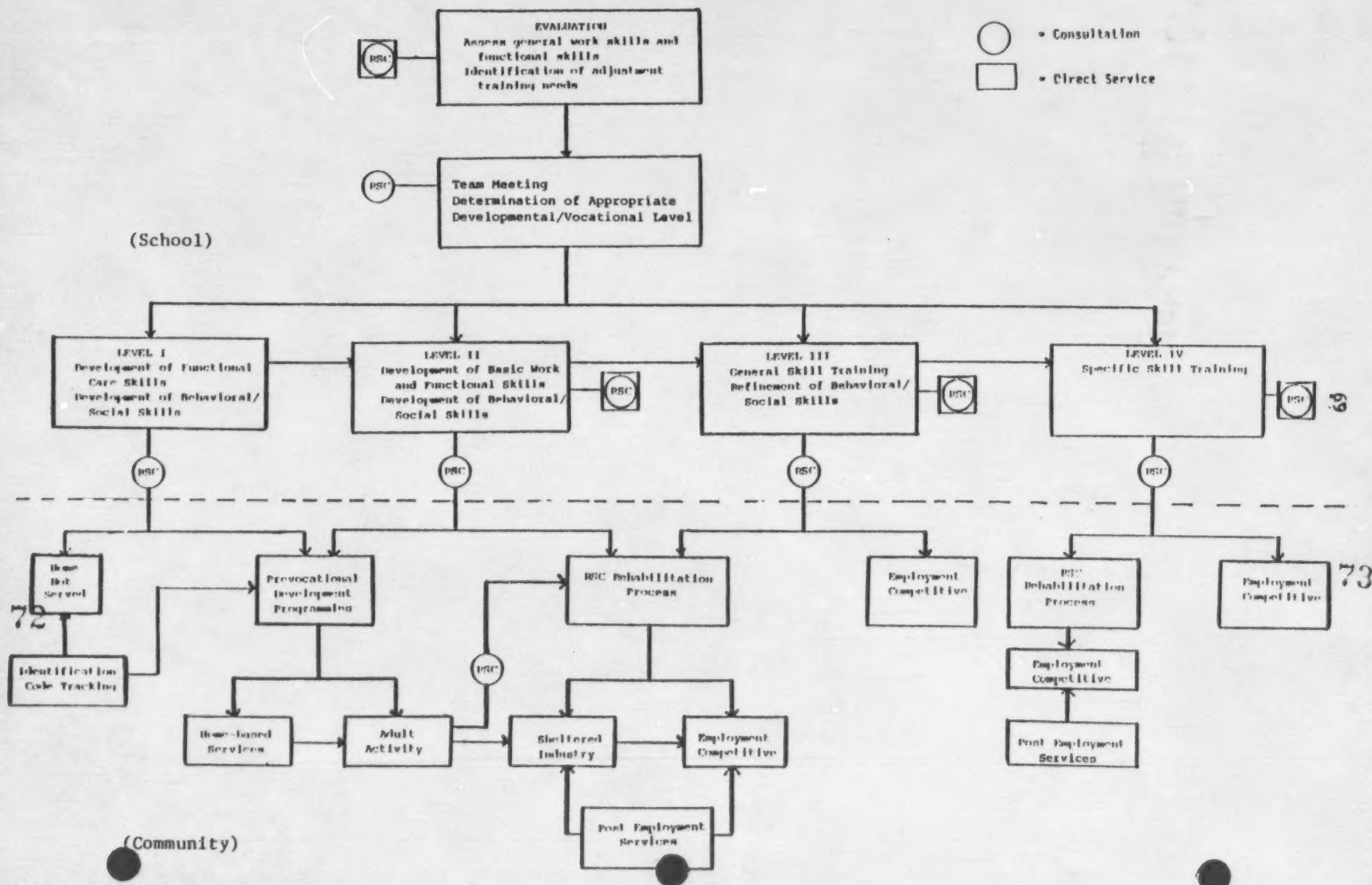
The purpose of this chart was to depict the options available for students graduating from the Franklin County Board of Mental Retardation and Developmental Disabilities school-age program. Again, points of contact between that system and BVR/BSVI were established. The contacts included both direct services and consultation.

FC-3

Franklin County Board of Mental Retardation and Developmental Disabilities Adult Program and Employment Outcomes

The purpose of this chart was to depict the program and employment outcomes related to Franklin County Board of Mental Retardation and Developmental Disabilities Adult Services. The group felt that this chart was necessary since this program was the major service provider and employer of severely handicapped in the model area.

FC-1

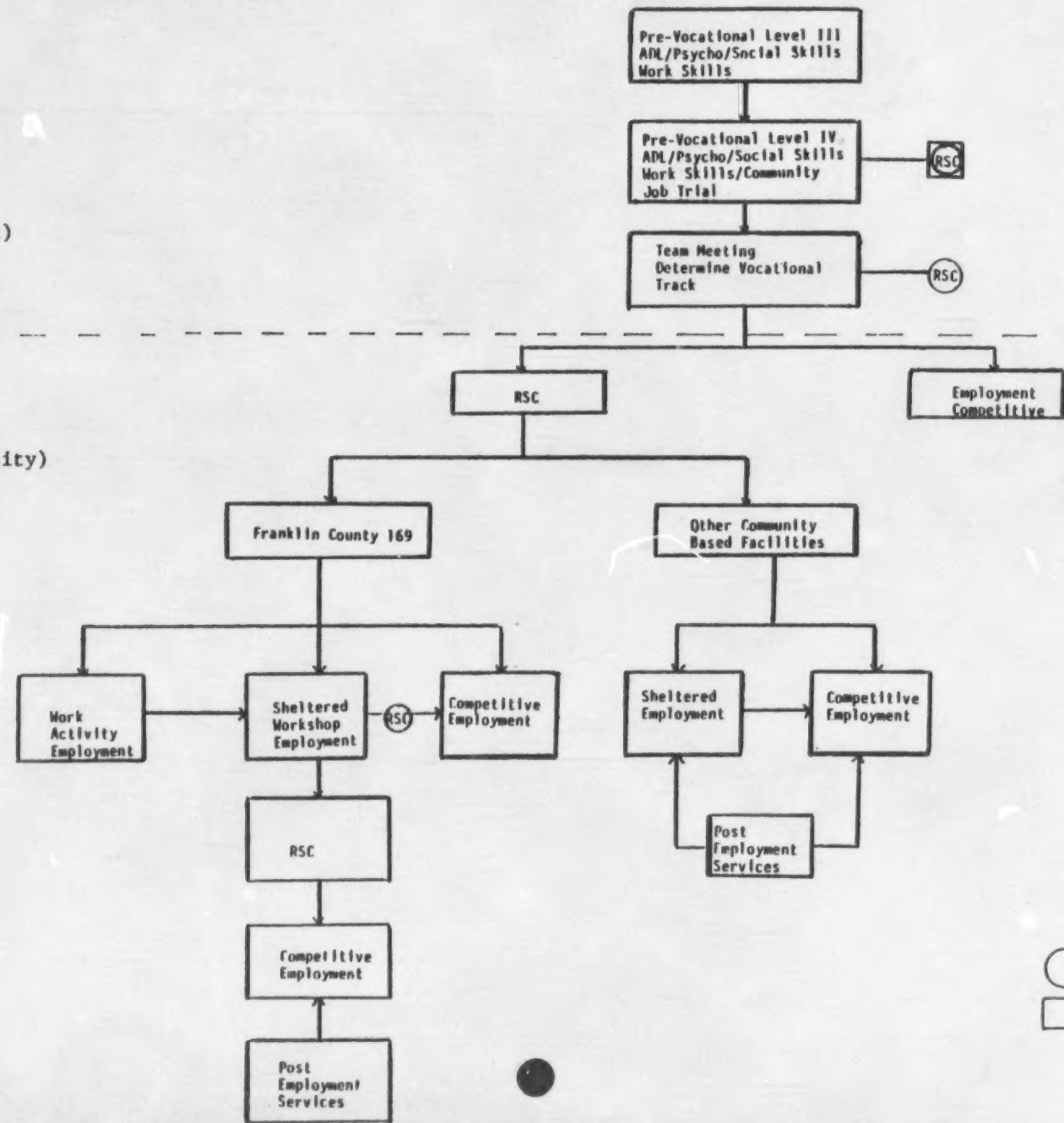


Franklin County Board of Mental Retardation and Developmental Disabilities/Rehabilitation Model for Low Incidence and Severely Handicapped Adolescents

FC-2

(School)

(Community)

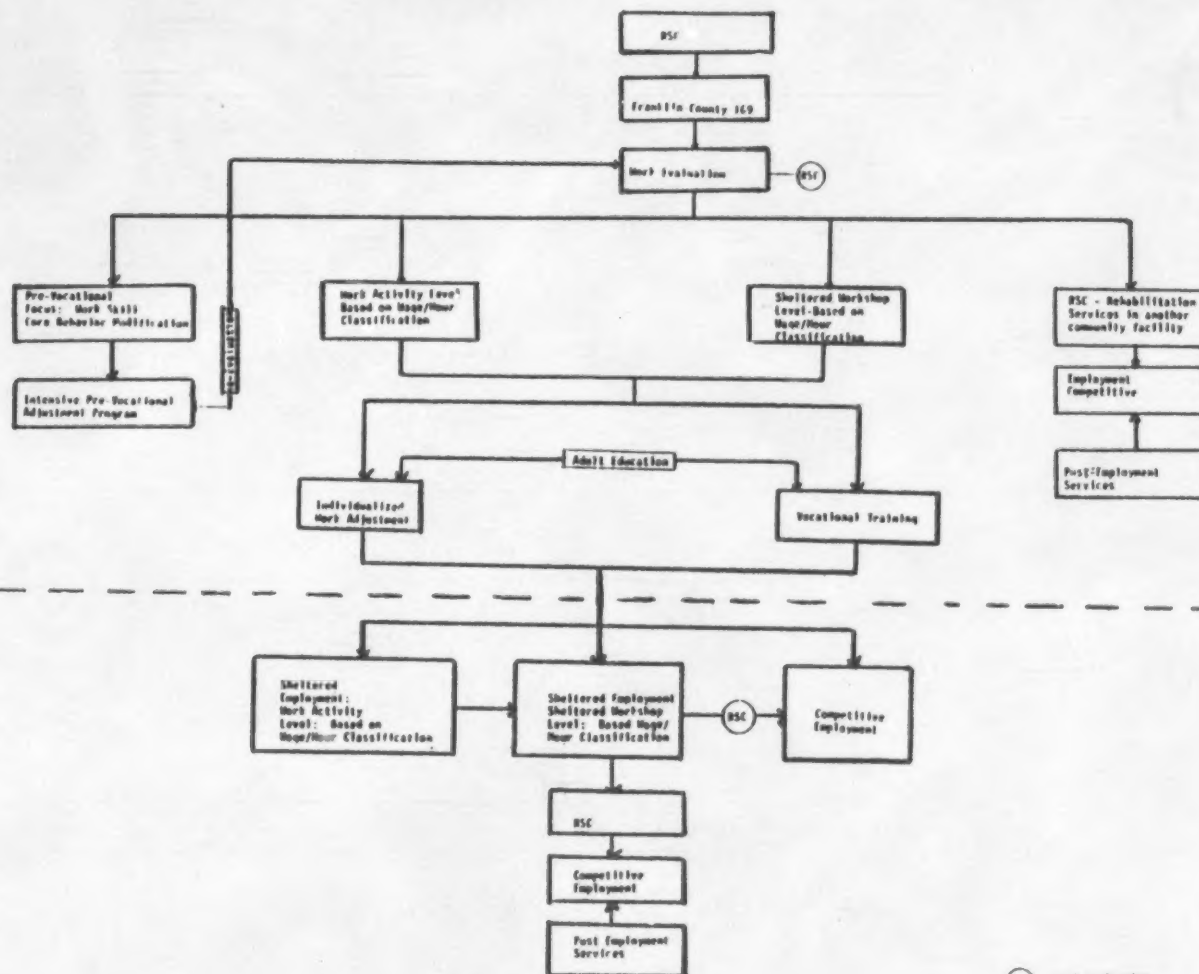


○ = Consultation
□ = Direct Service

Franklin County Board of Mental Retardation and Developmental
Disabilities: Adult Program and Employment Outcomes

FC-3

(Programming)



76

(Employment)

73

77

○ = Consultation
□ = Direct Service

MODEL PROCEDURES FOR THE REFERRAL OF SEVERELY HANDICAPPED STUDENTS FROM EDUCATION TO REHABILITATION

These procedures were developed by representatives from the primary agencies involved in Project INTERACT's Model Linkage System for the Referral of Severely Handicapped Students from Education to Rehabilitation. These procedures were designed in order to:

- facilitate and expedite the timeliness and appropriateness of referrals to Rehabilitation;
- assist schools in the determination of whether RSC is the most appropriate agency to assist the student;
- determine the kind of information needed in order to insure appropriate program planning in both the Education and Rehabilitation systems;
- clarify the responsibilities of persons involved; and
- establish a timeline of events which should occur in order to achieve a smoother referral process.

Specifically, these procedures address:

- MP-1 Eligibility Criteria for the Referral of Students to RSC: Provides clarification of who is eligible to receive services from RSC.
- MP-2 Considerations for Referral to RSC: Outlines factors that should be taken into account when deciding if a referral to RSC should be made.
- MP-3 RSC Referral Information Packet: Details the type of information needed in order to facilitate eligibility and expedite the planning and coordination of services.
- MP-4 Questions Related to Rehabilitation Plan Development: Outlines the type of questions asked by rehabilitation counselors when developing client plans.
- MP-5 Referral and Consultation Process: Describes the actual referral process and explains the role of the RSC Counselor as a consultant to the school program.

MP-6

The Columbus City Public Schools/RSC Referral Process:
Outlines, in a timed-sequence of events, the activities which need to occur in order to facilitate the referral process and it designates the personnel responsible for initiating each of those activities.

MP-7

Referral Timeline: Goal Franklin County Board of Mental Retardation and Developmental Disabilities: Adult Services: Outlines in a timed-sequence of events the activities which need to occur in order to interface the referral process with this agency's evaluation cycle.

• +Eligibility:

Eligibility for vocational rehabilitation services will be based on:

the presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment,* and

a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

No residence requirement of any kind will be imposed. No upper or lower age limit will be set which in itself will result in a finding of ineligibility for any person who otherwise meets the two basic requirements listed above.

• In such cases where benefits to employability cannot be readily established, BVR and BSVI may provide, during an extended evaluation period, such services as may be necessary to determine this eligibility requirement.

+Sec. 1361.33: Rules and Regulations for the 1974 Amendments of the Rehabilitation Act of 1973, issued by the Department of Health, Education and Welfare.

1. When considering referral to RSC, school personnel should review the following questions:
 - a. Is there a program or individual within the school system that provides the same or similar services?
 - b. Is there a community agency that could provide similar services (i.e., Bureau of Crippled Children's Services, Community Mental Health Center)?
 - c. Is RSC the most appropriate agency to assist the student?
 - d. If RSC accepts the referral as appropriate, does the student have the maturity, interest, and desire needed to formulate realistic vocational plans and outcomes?
 - e. Is the individual at an age when it is reasonable to plan for employment?
2. Considerations for referral might include:
 - a. Diagnostic and evaluative services which are needed to assist the individual in becoming job ready/employable and which are not provided or available through the school system.
 - b. The individual is in need of services to continue vocational/employment program, and these services are not available through the school system. Examples of such services are OJT, special tools/equipment, maintenance allowance to continue program, special training, transportation, and child support.
 - c. The individual is believed unable to obtain and maintain employment without additional assistance, especially after graduation.
 - d. The individual is capable of advanced or post high school training but needs supportive assistance and follow-up.
 - e. The individual is experiencing adjustment problems due to emotional, psychological, and/or medical complications, and is in need of comprehensive professional services (need must be documented and RSC field consultant will determine eligibility).

3. After reviewing the above considerations for appropriate referral to RSC, the individual initiating the referral must concisely detail the reason(s) for referral to the designated liaison person.

The individual initiating the referral and necessary paper-work at the school may include: administrators, department chairpersons, work-study coordinators, guidance counselors, teacher-coordinators, special education supervisors, psychologists, and/or work orientation staff.

[Note: For further information, see the RSC Referral Information Packet (MP-3) and Questions Related to Rehabilitation Plan Development (MP-4)],

*Adapted from: The Memorandum of Understanding between Cleveland Public Schools and Bureau of Vocational Rehabilitation, 1980.

Required Information

Referral Information required by RSC:
(Ohio Rehabilitation Services Commission Client Referral Form
RSC-367)

Date

Student Name

Address

Disability

Date of Birth

Sex

Referral Source:

- Name (person making referral)
 - Type of Referral Source (i.e., school, community mental health center)
 - Name of Agency/School
 - Telephone Number
-

Supplemental Information

Referral information needed by RSC to expedite/facilitate
eligibility determination and service planning/coordination:

Social Security Number

Student's Telephone Number

County

Directions to Home

Source(s) of Income of Student (i.e., SSI/SSDI, Medicaid,
Private Insurance)

Educational Summary (i.e., Summary of educational progress/performance, skills/strengths, limitations/weaknesses, type of educational program and services. Indicate activities that demonstrate initiative/independence, such as use of leisure time, hobbies, and interests)

Existing Diagnostics: (copies of reports)

- Medical
- Academic
- Psychological
- Multi-factored Assessment
- Pre-vocational/Vocational Assessment
- Related Service Assessments (Occupational Therapy, Physical Therapy, Speech Therapy, Orientation and Mobility)

Social History Summary (i.e., summary of social and behavioral development)

Summary of current involvement with other community agencies:

- Name of agency
- Contact person

It is suggested that a copy of the completed referral packet be placed in the student's cumulative record.

The following background questions are often asked by rehabilitation counselors when they are developing an individual's rehabilitation plan.

I. Physical Functioning:

- a. Is the client's disabling condition progressive or stable?
- b. If the client is restricted in respect to activities of daily living:
 - i. Can his/her capacity for carrying out such activities be increased?
 - ii. How much assistance from others will always be absolutely necessary for this client to carry out the activities of daily living?
- c. If mobility is restricted by the client's physical disability, can mobility be increased?
- d. Are there any available technological devices which can help the client overcome physical deficits?
- e. In what ways is utilization of the client's vocational skill blocked by the presence of his disability? Can the barrier be reduced?

II. Vocational Skills

- a. Is the client's educational record an accurate reflection of intellectual capacity (i.e., Did the individual quit school because he/she had to for financial reasons)?
- b. Has the client developed vocationally relevant skills which limit the functional impact of the disability?
- c. Does the client's educational and work history suggest certain types of training and contraindicate others? Which does it suggest and which does it contraindicate?
- d. Does the client have a good picture of personal skills and abilities?
- e. Is there any evidence of undeveloped talents that have vocational relevance? Can and/or should such be developed?
- f. Has the client a positive work history (i.e., regular employment?)
- g. What work skills does the client currently possess?
- h. What information from the client's work history can be of value with respect to current vocational choice considerations? In what specific ways is that information useful?

III. Psychological Functioning

- a. Has the client manifested psychological reactions toward his/her disability inhibitive of adequate vocational adjustment? If yes, how can they be ameliorated?

- b. Is the client's disability being used as justification for failure to fulfill expectations of self or others? If yes, how can his/her motivation for rehabilitation be increased?
- c. Is the client gaining dependency gratifications from being unemployed? If yes, how can motivation for rehabilitation be increased?
- d. Is the client overconcerned about his/her general health?
- e. Is there any reason to believe that the client's physical symptoms are psychologically based?
- f. Is the client perceiving his/her functional limitations as being less than they actually are in spite of clear-cut evidence to the contrary?
- g. How is the client likely to respond in a high production-high stress type job?
- h. Would the client work well on a job that demanded a large amount of collaborative effort with other workers?
- i. Will the client respond appropriately to supervision on the job?
- j. Is the client willing to sacrifice a substantial amount of free time for purposes of employment?

IV. Environmental Considerations

1. Relationships with Family and Friends

- a. Will the client's family facilitate his/her rehabilitation? Will any intervention be necessary to augment a positive effect?
- b. Will it be necessary to attempt to improve the client's family adjustment? How can such a goal be achieved?
- c. Will the client tend to obtain secondary gain based reinforcement from his/her family that will reinforce dependency and act as a counter-incentive to achievement of vocational rehabilitation?
- d. Is there any evidence of overprotectiveness by the client's family?
- e. Are significant family members encouraging unrealistic client aspirations?
- f. Is there any reason to believe that the way the client handles leisure time could pose problems in regard to job retention?

2. Economic Situation

- a. Will maintenance need to be provided or obtained for the client?
- b. If the client is receiving disability related financial support such as SSI, SSDI, Medicaid, Food Stamps, Workman's Compensation, etc., does it appear to be creating a

sufficient disincentive to create a significant barrier to rehabilitation? If yes, how can such a barrier be reduced?

- c. If the client has significant outstanding debts, could they impede rehabilitation plan completion?
- d. Is the client capable of independently managing personal finances?

V. Personal Vocational Choice Considerations

1. Regarding Current Goals

- a. Does the client have an appropriate job goal (i.e., Are the client's vocational aptitudes, skills and interests congruent with his vocational goals?)?
- b. Does the client have an understanding of the employment outlook in the field(s) which he/she is considering?
- c. Are there jobs available in the community for which the client presently qualifies?
- d. Does this client know what he/she wants to do vocationally? If the client does not have a "realistic" vocational goal, how can he/she be helped to make an "appropriate" vocational choice?
- e. Does this client have sufficient work experience on which to base a realistic vocational choice?
- f. Is the client aware of the general entry requirements and daily demand characteristics for the occupations in which he/she has expressed an interest?
- g. Does the client require any specific occupational information in order to make an appropriate vocational choice?
- h. Is the client people-oriented or thing-oriented?
- i. Are the conditions of work more important to the client than the actual type of work performed (job tasks)?

2. Regarding Potential Goals

- a. Are there specific realistic job redesign possibilities that can increase the client's employability?
- b. Is the client employable without work adjustment training?
- c. Is the client employable without vocational training?
- d. Are there any client leisure time activities that are suggestive of an appropriate vocational choice? How so?

3. Regarding Job Acquisition

- a. Does the client's specific disability disallow the consideration of certain work settings?

- b. If formerly employed, does the client have the physical and/or psychological capacity necessary for returning to that job?
- c. Can this client sell himself/herself to potential employers?
- d. Can the client satisfactorily fill out most job application blanks?
- e. How active will the counselor have to become in respect to client job acquisition?

Rubin, S.E. and Roessler, R.T. 1978. Foundations of the Vocational Rehabilitation Process. University Park Press, Baltimore, MD.

Referral Process

The referral process to RSC (BVR/BSVI) should be commenced if it appears that RSC is the most appropriate agency to meet the student's vocational needs. A careful review of the student's needs, RSC's eligibility criteria (MP-1), and the suggested considerations for referral to RSC (MP-2) should be made in order to assist the school personnel in arriving at this decision.

Upon the determination of the appropriateness for RSC's involvement and a reasonable vocational goal, the referral process begins with inclusion of a goal for referral in the IEP. The process continues until there has been a determination of either eligibility or ineligibility for RSC services.

The actual referral of the student from the school to Rehabilitation should be made six months prior to the actual need for those services to begin. The services can be provided during school, upon graduation, or termination from school; however, the referral to RSC should be made six months prior to the need for services.

Consultation Process

The RSC counselor can provide consultation to the school at various times during the student's educational program. The RSC counselor can be accessed as a consultant during the following:

1. vocational evaluation,
2. planning of a vocational program,
3. implementation of a vocational program, and/or
4. referral process.

The counselor's input at these points in a school program can be useful in the realistic planning and preparation of the student based upon the student's current and future needs and in identifying other community service options.

The RSC counselor should be accessed for consultation during the referral process. This consultation should occur approximately two months prior to the referral of the student to RSC. The purpose of consultation at this point is fourfold:

1. to review the initial referral information,
 2. to determine if additional information is needed,
 3. if needed, to make programming recommendations which will better equip the student to meet the demands of an adult vocational program, and
 4. to determine the initial feasibility for RSC's involvement
- If the counselor indicates that RSC is not feasible, then the parent/school has two options:

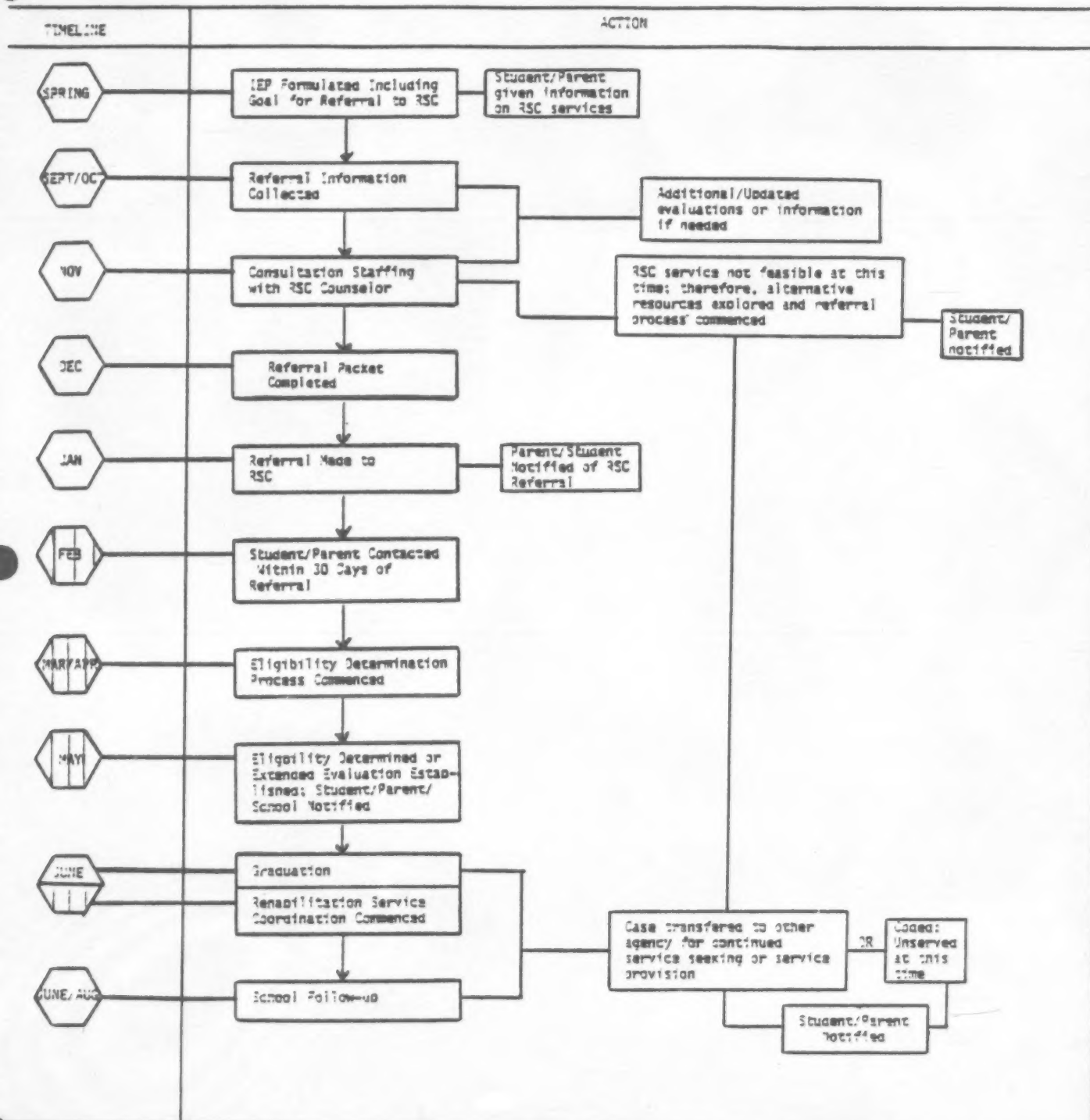
- continue the RSC referral process and/or
- initiate the exploration of alternative resources.

It is suggested that when the school personnel schedule the referral consultation, that they be prepared to discuss several students during one meeting.

The RSC counselor does not have to open a case on a student in order to provide consultation to the school. It is recommended, however, that accessing the counselor as a consultant be confined to the clarification of issues or planning and coordination of services as they relate to the prevocational and vocational needs of the student.

[Note: Prior to any consultation and/or sharing of information with the RSC counselor, the school personnel should obtain permission to do so from the student's parent or guardian.]

COLUMBUS CITY PUBLIC SCHOOLS/RSC REFERRAL PROCESS



KEY:

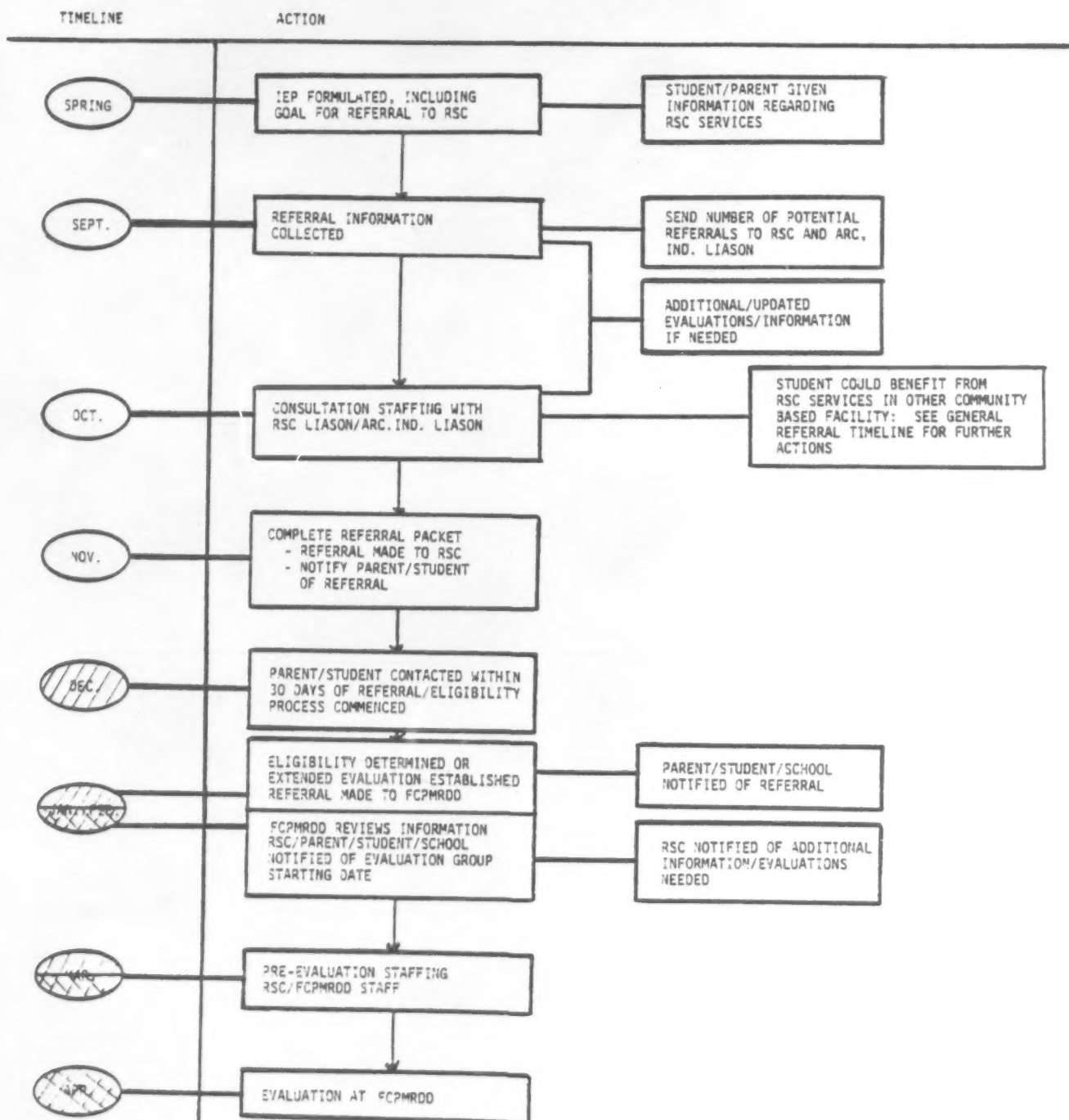


Work Study Coordinator or School Counselor Responsible



RSC (SVR-ASVI) Counselor Responsible

REFERRAL TIMELINE: GOAL FRANKLIN COUNTY BOARD FOR THE MENTALLY RETARDED AND DEVELOPMENTAL DISABILITIES/ADULT SERVICES



KEY: PERSON RESPONSIBLE

○ = School

▨ = RSC

▩ = ADULT SERVICES (ARC, IND.)

IF DATE OF ENTRY INTO AN EVALUATION GROUP IS OTHER THAN APRIL, ACTIVITY TIMELINE SHOULD BE ADJUSTED ACCORDINGLY, ALLOWING TIME FOR EACH ACTIVITY TO OCCUR IN THE PROPOSED SEQUENCE OF ACTIONS.